

EMERGENCY RESPONSE - BOMB THREAT

- Remain calm, do not panic.
- Use Bomb Threat Card under your phone.
- Refrain from using cell phones or radios.
- Call Security by dialing 5555.
- Be prepared to evacuate if necessary.

BOMB THREAT CARD			
PLACE THIS UNDER EACH TELEPHONE			
	<u>Caller's Voice:</u>	<u>Background Sounds:</u>	<u>Threat Language:</u>
Check Caller ID # _____	<input type="checkbox"/> Calm	<input type="checkbox"/> Voices	<input type="checkbox"/> Foul
Questions to ask:	<input type="checkbox"/> Angry	<input type="checkbox"/> Motor	<input type="checkbox"/> Taped
• When is bomb going to explode? _____	<input type="checkbox"/> Excited	<input type="checkbox"/> Booth	<input type="checkbox"/> Message read by threat maker
• Location of bomb? _____	<input type="checkbox"/> Slow	<input type="checkbox"/> Crockery	<input type="checkbox"/> Irrational
• What does it look like? _____	<input type="checkbox"/> Rapid	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Well Spoken (educated)
• What kind of bomb is it? _____	<input type="checkbox"/> Soft	<input type="checkbox"/> PA System	<input type="checkbox"/> Incoherent
• What will cause it to explode? _____	<input type="checkbox"/> Loud	<input type="checkbox"/> Clear	
• Why? _____	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Long Distance	
• What is your address? _____	<input type="checkbox"/> Crying	<input type="checkbox"/> Factory Machinery	
• What is your name? _____	<input type="checkbox"/> Normal	<input type="checkbox"/> House Noises	
Exact wording of threat:	<input type="checkbox"/> Distinct	<input type="checkbox"/> Music	
Sex of Caller: _____ Age: _____	<input type="checkbox"/> Slurred	<input type="checkbox"/> Static	
Length of Call: _____ Number Called: _____	<input type="checkbox"/> Nasal	<input type="checkbox"/> Local	
Time: _____ Date: _____	<input type="checkbox"/> Stutter	<input type="checkbox"/> Animal Noises	
Remarks:	<input type="checkbox"/> Laughter	<input type="checkbox"/> Other: _____	
_____	<input type="checkbox"/> Deep Breathing		
_____	<input type="checkbox"/> Ragged		
_____	<input type="checkbox"/> Accent		
_____	<input type="checkbox"/> Familiar		
_____	<input type="checkbox"/> Deep		
_____	<input type="checkbox"/> Raspy		
_____	<input type="checkbox"/> Lisp		
_____	<input type="checkbox"/> Disguised		
_____	<input type="checkbox"/> Cracking Voice		

Updated: June 2015

If you need further information, refer to the Environment of Care Page on the Hannibal Regional Intranet.