

THREAT PROCEDURES CHECKLIST

This quick reference checklist is designed to help employees and decision makers respond to a threat, including bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most threats are received by phone. Threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on this flyer.

Phone Calls

1. Remain calm. Keep the caller on the line for as long as possible. **DO NOT HANG UP**, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, **DO NOT HANG UP**, but from a different phone, contact authorities immediately with information and await instructions.

Handwritten Note

1. Call 911.
2. Handle the note as minimally as possible.

Email

1. Call 911.
2. Do not delete the message.

Social Media

1. Call 911.
2. Do not turn off or log out of the account.
3. Leave the message open on the device.
4. Take a screenshot or copy the message.

Suspicious Package

Signs of a suspicious package include:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

CONTACT 911

Threat Checklist (including bomb threats)

Date: _____ Time: _____

Time Caller Hung Up: _____

Phone Number Where Call Received: _____

Exact Words of Threat:

Ask Caller

- Where is the threat or bomb located (building, floor, room, etc.)?
- When will event happen/When will bomb go off?
- What does person committing violence/bomb look like?
- What weapons does person intend to use/What kind of bomb is it?
- What will trigger violence/make bomb explode?
- Are you the person committing violent acts/Did you place the bomb?
- Why?
- What is your name?

Information About Caller

Where is the caller located?
(background/level of noise) _____

Estimated Age: _____

Is voice familiar?
If so, who does it sound like? _____

OTHER POINTS

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Animal Noises <input type="checkbox"/> Motor	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Accent <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Normal	<input type="checkbox"/> House Noises <input type="checkbox"/> Clear	<input type="checkbox"/> Message Read
<input type="checkbox"/> Angry <input type="checkbox"/> Disguised <input type="checkbox"/> Ragged	<input type="checkbox"/> Kitchen Noises <input type="checkbox"/> Static	<input type="checkbox"/> Taped Message
<input type="checkbox"/> Calm <input type="checkbox"/> Distinct <input type="checkbox"/> Rapid	<input type="checkbox"/> Street Noises <input type="checkbox"/> Office Machinery	<input type="checkbox"/> Irrational
<input type="checkbox"/> Clearing Throat <input type="checkbox"/> Excited <input type="checkbox"/> Raspy	<input type="checkbox"/> Booth <input type="checkbox"/> Factory Machinery	<input type="checkbox"/> Profane
<input type="checkbox"/> Coughing <input type="checkbox"/> Laughter <input type="checkbox"/> Slow	<input type="checkbox"/> PA System <input type="checkbox"/> Local	<input type="checkbox"/> Well-Spoken
<input type="checkbox"/> Cracking Voice <input type="checkbox"/> Lisp <input type="checkbox"/> Slurred	<input type="checkbox"/> Conversation <input type="checkbox"/> Long Distance	
<input type="checkbox"/> Crying <input type="checkbox"/> Loud <input type="checkbox"/> Soft	<input type="checkbox"/> Music	
<input type="checkbox"/> Deep <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter		