

Bomb Threat Record/Checklist	Truman State University	
	Date:	Time:
	Phone Number Where Call/Threat Received:	Time Caller Hung Up:
QUESTIONS TO ASK		
Where is the bomb located? (Building, Floor, Room, etc.)		
When will it go off?		
What does it look like?		
What kind of bomb is it?		
What will make it explode?		
Did you place the bomb? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why was the bomb placed?		
What is your name?		
EXACT WORDS OF THE THREAT		
INFORMATION ABOUT THE CALLER		
Where is caller located? (Background and level of noise)		
Sex: Male <input type="checkbox"/> Female		
Accent:		
Is voice familiar? If so, who does it sound like?		
Background Noise: <input type="checkbox"/> Street Noise <input type="checkbox"/> Airport Noises <input type="checkbox"/> Office Noises <input type="checkbox"/> PA System		
<input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Conversation <input type="checkbox"/> Music <input type="checkbox"/> Motor <input type="checkbox"/> Other		
Caller's Voice: <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Coughing <input type="checkbox"/> Crying <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Disguised		
<input type="checkbox"/> Excited <input type="checkbox"/> Laughter <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Nasal <input type="checkbox"/> Normal <input type="checkbox"/> Rapid <input type="checkbox"/> Raspy <input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred <input type="checkbox"/> Soft <input type="checkbox"/> Stutter		
Threat Language: <input type="checkbox"/> Incoherent <input type="checkbox"/> Message Read <input type="checkbox"/> Taped <input type="checkbox"/> Irrational <input type="checkbox"/> Profane		
<input type="checkbox"/> Well-Spoken		
Name of Person Taking Report:		