

PEPPERDINE UNIVERSITY
BOMB THREAT CHECKLIST

Instructions:

- Remain calm and attempt to obtain as much information as possible from the caller.
- If possible, record the conversation by using a recording feature on a smart-phone or other portable device.
- Listen carefully. Be polite and show interest.
- Try to keep the threat maker talking to learn more information.
- Write down the phone number and any other information displayed on your phone.
- If possible, write a note to a colleague to call the authorities.
- When the caller hangs up, do not hang up your phone. Leaving the phone off the hook may assist authorities in tracking the call. Go to another phone and alert the authorities.

Questions to Ask

- When is the bomb going to explode? _____
- Where is it right now? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will cause it to explode? _____
- Did you place the bomb? _____
- Why? _____
- What is your address? _____
- What is your name? _____

Sex of caller _____ Age _____ Regional Dialect _____

Length of call _____

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Caller's Voice:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Distinguished |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Disguised | If familiar, whom did it sound like? _____ | |

Background Sounds:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> House Noise | <input type="checkbox"/> Street Noise | <input type="checkbox"/> Telephone Booth |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Static | <input type="checkbox"/> Music | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Office Machines | <input type="checkbox"/> Animal Noise | <input type="checkbox"/> PA System | <input type="checkbox"/> Factory Noise |
| <input type="checkbox"/> Long Distance | <input type="checkbox"/> Kitchen Noise | | |
| <input type="checkbox"/> Other _____ | | | |

Threat Language:

- | | | | |
|--------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Reading a Script | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Taped | <input type="checkbox"/> Well Spoken (Educated) | | |

Phone number call received on: _____

Remarks:

Date _____ Time _____ Name _____ Phone _____

Send this form to Public Safety Dispatch at dispatch.pepperdine.edu