

BOMB THREAT CHECK LIST

(in accordance with Aust. Bomb Data Centre and AS 3745)

DATE

/ /

TIME OF CALL :

AM / PM

BOMB THREAT CHECKLIST QUESTIONS TO ASK	CALLER'S VOICE
1. What is it?	Accent (specify) _____ Any impediment: _____
2. When is the bomb going to explode? Or When will the substance be released?	Voice (loud, soft, etc) _____ Speech (fast, slow, etc) _____
3. Where did you put it?	Diction (clear, muffled) _____ Manner (calm, emotional) _____
4. What does it look like?	Did you recognise the voice? _____ If so, who do you think it was? _____
5. When did you put it there?	Was caller familiar with the area _____
6. How will the bomb explode? Or How will the substance be released?	THREAT LANGUAGE
7. Did you put it there?	Well spoken: _____ Incoherent: _____ Irrational: _____
8. Why did you put it there?	Taped: _____ Message read by caller: _____
CHEMICAL/BIOLOGICAL THREAT	
1. What kind of substance is in it?	Abusive _____ Other: _____
2. How much of the substance is there?	BACKGROUND NOISES
3. How will the substance be released	Street/House noises: _____ Aircraft: _____ Voices _____ Music _____ Machinery _____
4. Is the substance a liquid, powder or gas?	Local call <input type="checkbox"/> Long Distance <input type="checkbox"/> STD: <input type="checkbox"/>
BOMB THREAT QUESTIONS	
1. What type of bomb is it?	Other _____ Sex of caller: _____ Estimated age: _____
2. What is in the bomb?	CALL TAKEN
3. What will make the bomb explode?	Duration of call _____ Number called _____
EXACT WORDING OF THREAT	RECIPIENT
	Telephone number _____
	REMEMBER – KEEP CALM DO NOT HANG UP

REPORT CALL IMMEDIATELY TO THE CHIEF WARDEN/MANAGER

Signature _____ Name _____

Area of Work _____