

# Bomb Threat Check List



THE UNIVERSITY  
of ADELAIDE

(in accordance with Aust. Bomb Data Centre and AS3745)

**Remember to stay calm:  
Don't Hang Up and try to Keep the Caller on the Line**

Date & Time of Call:

Duration of Call:

Call Received on ext/no:

EXACT WORDING OF THREAT:

## BOMB THREAT QUESTIONS TO ASK:

What type of bomb is it? \_\_\_\_\_

When is the bomb going to explode? Or when will the substance be released? \_\_\_\_\_

Where did you put it? \_\_\_\_\_

What does it look like/What is in it? \_\_\_\_\_

When did you put it there? \_\_\_\_\_

How will the bomb explode? Or how will the substance be released? \_\_\_\_\_

Did you place the bomb? \_\_\_\_\_

Why? \_\_\_\_\_

## CHEMICAL / BIOLOGICAL THREAT:

What kind of substance is in it? \_\_\_\_\_

How much of the substance is there? \_\_\_\_\_

How will the substance be released \_\_\_\_\_

Is the substance a liquid, powder or gas? \_\_\_\_\_

**ACTION:** Report call immediately to: **POLICE 000** \_\_\_\_\_ **Chief Warden** \_\_\_\_\_

**IDENTIFYING/LOCATING THE CALLER (Tick appropriate boxes)**

### CALLER'S VOICE

- |   |                                    |                                      |   |  |
|---|------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Male             | <input type="checkbox"/> Slow      | <input type="checkbox"/> Well spoken | <input type="checkbox"/> Raspy          | <input type="checkbox"/> Disguised             |
| <input type="checkbox"/> Female           | <input type="checkbox"/> Rapid     | <input type="checkbox"/> Foul        | <input type="checkbox"/> Abusive        | <input type="checkbox"/> Irrational            |
| <input type="checkbox"/> Old              | <input type="checkbox"/> Soft      | <input type="checkbox"/> Slurred     | <input type="checkbox"/> Incoherent     | <input type="checkbox"/> Familiar              |
| <input type="checkbox"/> Young            | <input type="checkbox"/> Loud      | <input type="checkbox"/> Nasal       | <input type="checkbox"/> Clear          | <input type="checkbox"/> Inconsistent          |
| <input type="checkbox"/> Estimated Age    | <input type="checkbox"/> Laughing  | <input type="checkbox"/> Stuttering  | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Recorded              |
| <input type="checkbox"/> Accent (specify) | <input type="checkbox"/> Emotional | <input type="checkbox"/> Lipping     | <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Message red by caller |

### BACKGROUND NOISES

- |  |  |  |                                     |  |
|--|--|--|-------------------------------------|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Music         | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Muffled    | <input type="checkbox"/> STD           |
| <input type="checkbox"/> Voices        | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Office Machinery  | <input type="checkbox"/> Static     | <input type="checkbox"/> Mobile        |
| <input type="checkbox"/> Crockery      | <input type="checkbox"/> House noises  | <input type="checkbox"/> Aircraft          | <input type="checkbox"/> Fading     | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> PA System     | <input type="checkbox"/> Motor/Engine  | <input type="checkbox"/> Clear             | <input type="checkbox"/> Local Call | <input type="checkbox"/> Other         |

**RECIPIENT** Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Area of work: \_\_\_\_\_