

GOVERNANCE & OPERATIONS

FILE CODE: GO/4147E

PERSONNEL  
EMPLOYEE PROTECTION/SAFETY

Bomb-threat Procedures

PLACE THIS CARD UNDER YOUR TELEPHONE

QUESTIONS TO ASK:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use back of form if more space needed.)

Sex of caller: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Length of call: \_\_\_\_\_

Number at which call is received:

-----

Date call received: \_\_\_\_\_

Received by: \_\_\_\_\_

Position: \_\_\_\_\_

Duty Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CALLER'S VOICE:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep breathing  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Cracking voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |
|                                   | <input type="checkbox"/> Whispered       |

If voice is familiar, who did it sound like?

\_\_\_\_\_

\_\_\_\_\_

BACKGROUND SOUNDS:

- |   |  |
|---|--|
| <input type="checkbox"/> Street noises    | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Crockery         | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> PA System        | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Local             |
| <input type="checkbox"/> House noises     | <input type="checkbox"/> Long distance     |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Booth             |
| <input type="checkbox"/> Office machinery | <input type="checkbox"/> Other _____       |

\_\_\_\_\_

\_\_\_\_\_

THREAT LANGUAGE:

- |  |  |
|--|--|
| <input type="checkbox"/> Well spoken<br>(educated) | <input type="checkbox"/> Incoherent                      |
| <input type="checkbox"/> Foul                      | <input type="checkbox"/> Taped                           |
| <input type="checkbox"/> Irrational                | <input type="checkbox"/> Message read by<br>threat maker |

REMARKS: \_\_\_\_\_

\_\_\_\_\_

**N E W J E R S E Y S C H O O L B O A R D S A S S O C I A T I O N**

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Notifications made to: \_\_\_\_\_

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