

## Bomb Threat Checklist

The following is a checklist to be utilized by an operator or person receiving a call that threatens the safety or security of the physician's office practice.

**Checklist: Complete all possible items immediately following the call.**

Callers Name and Address (if known)

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Sex:  Male  Female

Age:  Adult  Child

### Bomb Facts

When will it go off \_\_\_\_\_

Will it explode if moved? \_\_\_\_\_

What kind of explosives? \_\_\_\_\_

Building \_\_\_\_\_

Exact location \_\_\_\_\_

Is there anything that can be done to change their course of action? \_\_\_\_\_

Call:  Local  Long Distance  Unknown

### Voice Characteristics:

Tone	Speech	Language
<input type="checkbox"/> Loud	<input type="checkbox"/> Fast	<input type="checkbox"/> Excellent
<input type="checkbox"/> Soft	<input type="checkbox"/> Slow	<input type="checkbox"/> Good
<input type="checkbox"/> High pitch	<input type="checkbox"/> Distorted	<input type="checkbox"/> Fair
<input type="checkbox"/> Low Pitch	<input type="checkbox"/> Cursing	<input type="checkbox"/> Raspy
<input type="checkbox"/> Stutter	<input type="checkbox"/> Slurred	<input type="checkbox"/> Nasal
	<input type="checkbox"/> Lisp	
	<input type="checkbox"/> Disguised	
	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Pleasant	

### Accent

<input type="checkbox"/> Local	<input type="checkbox"/> Poor Grammar	<input type="checkbox"/> Rational
<input type="checkbox"/> Not Local	<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Irrational
<input type="checkbox"/> Foreign	<input type="checkbox"/> Taped	<input type="checkbox"/> Deliberate
	<input type="checkbox"/> Message Read	<input type="checkbox"/> Laughing
	<input type="checkbox"/> Emotional	

### Background Noise

<input type="checkbox"/> Office Machine	<input type="checkbox"/> Voices
<input type="checkbox"/> Factory Machines	<input type="checkbox"/> Music
<input type="checkbox"/> Bedlam	<input type="checkbox"/> PA System
<input type="checkbox"/> Animals	<input type="checkbox"/> Radio
<input type="checkbox"/> Street Traffic	<input type="checkbox"/> Static
<input type="checkbox"/> Airplanes	<input type="checkbox"/> Cellular Phone
<input type="checkbox"/> Trains	

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