

BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

- Remain calm & do not hang up, keep the caller on the line for as long as possible
- If possible, signal other staff members to listen & notify Site Decision Maker(s)
- If the phone has a display, copy the number and/or letters on the display
- Write down the exact wording of the threat
- Record the call, if possible
- Fill out the Bomb Threat Checklist immediately

If you receive a written threat:

- Handle the document as little as possible
- Note date, time, and location the document was found
- Secure the document and do not alter the item in any way
- Notify the organization Site Decision Maker(s)

If you receive a social media or email threat:

- Do not turn off or log out of the account
- Leave the message open on the device
- Take a screenshot, or copy the message and subject line
- Note the date and time
- Notify the organization Site Decision Maker(s)

* Refer to your local bomb threat management plan for evacuation criteria

DO NOT:

- Use two-way radios or cellular phone in close proximity to a suspicious item
- Touch or move a suspicious item

IF A SUSPICIOUS ITEM IS FOUND, CALL 911

For more information about this form contact the CISA Office for Bombing Prevention at: OBP@cisa.dhs.gov



BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER
HUNG UP:

PHONE NUMBER WHERE CALL
RECEIVED:

Ask Caller:

- Where is the bomb located? (building, floor, room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (background/level of noise)
- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Accent <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Clearing throat <input type="checkbox"/> Coughing <input type="checkbox"/> Cracking Voice <input type="checkbox"/> Crying <input type="checkbox"/> Deep <input type="checkbox"/> Deep breathing <input type="checkbox"/> Disguised <input type="checkbox"/> Distinct <input type="checkbox"/> Excited <input type="checkbox"/> Laughter <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Nasal <input type="checkbox"/> Normal <input type="checkbox"/> Ragged <input type="checkbox"/> Rapid <input type="checkbox"/> Raspy <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Soft <input type="checkbox"/> Stutter	<input type="checkbox"/> Animal noises <input type="checkbox"/> House noises <input type="checkbox"/> Kitchen noises <input type="checkbox"/> Street noises <input type="checkbox"/> Booth <input type="checkbox"/> PA system <input type="checkbox"/> Conversation <input type="checkbox"/> Music <input type="checkbox"/> Motor <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Office machinery <input type="checkbox"/> Factory machinery <input type="checkbox"/> Local <input type="checkbox"/> Long distance	<input type="checkbox"/> Incoherent <input type="checkbox"/> Message read <input type="checkbox"/> Taped message <input type="checkbox"/> Irrational <input type="checkbox"/> Profane <input type="checkbox"/> Well-spoken

OTHER INFORMATION:
