

Addendums

Addendum A - Bomb Threat Checklist

Bomb Threat Checklist :

Questions to Ask Caller:

Date and Time of Call:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does it look like?
4. Did you place the bomb?
5. Why?
6. What is your name?
7. Where are you now?

Background Noise/Sounds		Caller's Voice	
<i>(check all that apply)</i>		<i>(check all that apply)</i>	
<input type="checkbox"/> Office Machines	<input type="checkbox"/> Children	<input type="checkbox"/> Male	<input type="checkbox"/> Slurred
<input type="checkbox"/> Street Noises	<input type="checkbox"/> Machines	<input type="checkbox"/> Female	<input type="checkbox"/> Nasal
<input type="checkbox"/> Voices	<input type="checkbox"/> Animals	<input type="checkbox"/> Normal	<input type="checkbox"/> Lisp
<input type="checkbox"/> Dishes	<input type="checkbox"/> Static	<input type="checkbox"/> Soft	<input type="checkbox"/> Raspy
<input type="checkbox"/> Music	<input type="checkbox"/> No Noise	<input type="checkbox"/> Loud	<input type="checkbox"/> Deep
<input type="checkbox"/> Radio	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Fast	<input type="checkbox"/> High
<input type="checkbox"/> Airport	<input type="checkbox"/> Crowd	<input type="checkbox"/> Slow	<input type="checkbox"/> Cracking
<input type="checkbox"/> Other:		<input type="checkbox"/> Laughing	<input type="checkbox"/> Excited
		<input type="checkbox"/> Crying	<input type="checkbox"/> Angry
		<input type="checkbox"/> Altered/Modified	<input type="checkbox"/> Familiar?
		<input type="checkbox"/> Calm	<input type="checkbox"/> Stutter
		<input type="checkbox"/> Accent (type) _____	

Exact Wording of the Threat:

Notes:

**IMMEDIATELY REPORT ALL THREATS TO THE DEPARTMENT OF POLICE
(804) 523-5911 Any Campus Phone Dial 5219. or 911**