

Threat/Bomb Checklist

Questions to ask Caller:

Date and time of call:

1. What is the threat?
2. When will the threat be executed?
3. Where is the location of the threat/bomb?
4. Why?
5. What is your name?
6. Where are you now?

Exact Wording of Threat:

IMMEDIATELY REPORT ALL THREATS TO SECURITY SERVICES (507) 222-4444 (x4444 from a campus phone)

Background Noise/Sound (Check all that apply)

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Office Machines | <input type="checkbox"/> Music | <input type="checkbox"/> Machines |
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Radio | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Airport | <input type="checkbox"/> Static |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Children | <input type="checkbox"/> No Noise |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Crowd | <input type="checkbox"/> Other: |

Caller's Voice (Check all that apply)

- | | | |
|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Calm | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Female | <input type="checkbox"/> Excited | <input type="checkbox"/> High |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Angry | <input type="checkbox"/> Crackling |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Slurred | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Nasal | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> Fast | <input type="checkbox"/> Lisp | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy | <input type="checkbox"/> Altered |