

**BOMB THREAT CHECKLIST**

**DATE:** \_\_\_\_\_ **TIME OF CALL:** \_\_\_\_\_

**WHEN WILL IT GO OFF? TIME:** \_\_\_\_\_

**WHERE IS IT LOCATED: BUILDING:** \_\_\_\_\_

**FLOOR:** \_\_\_\_\_ **AREA:** \_\_\_\_\_

**WHAT DOES IT LOOK LIKE:** \_\_\_\_\_

**WHY ARE YOU DOING THIS:** \_\_\_\_\_

**WHO ARE YOU? ACCENT (WHAT TYPE)?** \_\_\_\_\_

**TEXT OF CONVERSATION & ANY DISTINGUISHABLE BACKGROUND NOISE:**

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