

Georgia Department of Public Safety

Policy Manual

SUBJECT BOMB THREAT CHECKLIST	EXHIBIT NUMBER 16.03-1
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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:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- | | |
|-----------------------|----------------------|
| • No return address | • Poorly handwritten |
| • Excessive postage | • Misspelled words |
| • Stains | • Incorrect titles |
| • Strange odor | • Foreign postage |
| • Strange sounds | • Restrictive notes |
| • Unexpected delivery | |

** Refer to your local bomb threat emergency response plan for evacuation criteria*

DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

WHO TO CONTACT (Select One)

- **911**
- **Follow your local guidelines**

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



Homeland Security

2014

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"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Male	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped message
<input type="checkbox"/> Angry	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Music	
<input type="checkbox"/> Crying	<input type="checkbox"/> Motor	
<input type="checkbox"/> Deep	<input type="checkbox"/> Clear	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Static	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Excited	<input type="checkbox"/> Local	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Long Distance	
<input type="checkbox"/> Lisp		
<input type="checkbox"/> Loud	Other Information:	
<input type="checkbox"/> Nasal	_____	
<input type="checkbox"/> Normal	_____	
<input type="checkbox"/> Rapped	_____	
<input type="checkbox"/> Rapid	_____	
<input type="checkbox"/> Raspy	_____	
<input type="checkbox"/> Slow	_____	
<input type="checkbox"/> Slurred	_____	
<input type="checkbox"/> Soft	_____	
<input type="checkbox"/> Stutter	_____	