

BOMB SHOOTER ATTACKER THREAT TELEPHONE CALL CHECKLIST

A copy of this checklist should be kept at reception, administration and/or the school office.

Schools receiving a threat should: contact principal, dial 000 and activate Emergency Management Plan

CALL TAKER		CALL TAKEN	
Name		Date:	Time:
Telephone #		Duration of call	
Signature		# of caller	

Bomb Threat - Ask the Caller the Following Questions:

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

Shooter Attack or Attack Threat - Ask the Caller the Following Questions

	RESPONSES
When are they coming?	
How many?	
How are they travelling (Car, truck, walking flying etc)?	
What sort of weapons? (gun rifle knife)	
Why are you doing this?	
What is your name?	
Where are you going?	
What is your address?	
Message (Voice, Recorded, Automated)?	

ACTIONS:

REPORTED CALL TO: _____ PHONE NUMBER: _____

CHARACTERISTICS OF THE CALLER	
Gender	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	
Speech (fast, slow, etc)	
Diction (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the area?	

LANGUAGE		
<input type="checkbox"/> Abusive	<input type="checkbox"/> Taped	<input type="checkbox"/> Automated (Specify)
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Irrational	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message read by caller	

BACKGROUND NOISE		
<input type="checkbox"/> Music	<input type="checkbox"/> Local call	
<input type="checkbox"/> Machinery	<input type="checkbox"/> Long Distance Call	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other (specify)	