

CITY OF PHILADELPHIA

BOMB THREAT CHECKLIST CARD

BOMB DISPOSAL UNIT (215) 685-8013

ENTER DEPT. NAME		YOUR NAME			PHONE		DATE
THREAT TYPE	<input type="checkbox"/> PHONE CALL	<input type="checkbox"/> IN PERSON	<input type="checkbox"/> E_MAIL	<input type="checkbox"/> LETTER	<input type="checkbox"/> OTHER	TIME RECEIVED	
BE CALM, COURTEOUS, LISTEN CAREFULLY – DO NOT ATTEMPT TO INTERRUPT INDIVIDUAL. IF THE INDIVIDUAL SEEMS AGREEABLE TO FURTHER CONVERSATION ASK THE FOLLOWING SET OF QUESTIONS. Keep individual talking. Ask individual to repeat message. Inform individual a bomb detonation can cause injury or death. NOTE: If this is an actual bomb threat, the individual alerting someone may be a sign of changing his/her mind and wants bomb neutralized.							
WHERE IS THE BOMB? Address:					Floor/Area:		
WHEN WAS THE BOMB PLACED?				WHEN IS THE BOMB GOING TO EXPLODE? AM / PM			
TIME REMAINING?			WHAT KIND OF BOMB IS IT?				
WHAT DOES IT LOOK LIKE?							
WHO PLACED THE BOMB?							
WHAT IS THE REASON FOR THE BOMB?							
WHERE ARE YOU NOW?				WHAT IS YOUR NAME?			
YOUR ADDRESS?				AFFILIATION?			
Does Individual appear familiar with the building by description of the bomb? EXPLAIN:							

TURN CARD OVER FOR MORE

WRITE OUT ENTIRE BOMB THREAT MESSAGE:

PHYSICAL CHARACTERISTICS									<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT	AGE (Approx)	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR			
TATOOS / DISTINGUISHING MARKS:																			
VOICE			<input type="checkbox"/> HIGH PITCHED			<input type="checkbox"/> DEEP			<input type="checkbox"/> LOUD			<input type="checkbox"/> PLEASANT			<input type="checkbox"/> RASPY		<input type="checkbox"/> STUTTER		
SPEECH PATTERNS				<input type="checkbox"/> FAST				<input type="checkbox"/> SLOW				<input type="checkbox"/> DISTINCT				<input type="checkbox"/> DISTORTED		<input type="checkbox"/> NASAL	
LANGUAGE			<input type="checkbox"/> EXCELLENT			<input type="checkbox"/> GOOD			<input type="checkbox"/> FAIR			<input type="checkbox"/> POOR			<input type="checkbox"/> LAUGHING		<input type="checkbox"/> OTHER		
ACCENT			<input type="checkbox"/> LOCAL			<input type="checkbox"/> FOREIGN			<input type="checkbox"/> OUT OF TOWN (Describe)										
MANNER			<input type="checkbox"/> CALM <input type="checkbox"/> RIGHTEOUS			<input type="checkbox"/> RATIONAL <input type="checkbox"/> IRRATIONAL			<input type="checkbox"/> ANGRY <input type="checkbox"/> EMOTIONAL			<input type="checkbox"/> COHERENT <input type="checkbox"/> INCOHERENT			<input type="checkbox"/> NERVOUS <input type="checkbox"/> OTHER (Explain)				
BACKGROUND NOISES																			
<input type="checkbox"/> FACTORY MACHINES				<input type="checkbox"/> OFFICE MACHINES				<input type="checkbox"/> TRAINS				<input type="checkbox"/> AIRPLANES							
<input type="checkbox"/> STREET/TRAFFIC				<input type="checkbox"/> HIGHWAY				<input type="checkbox"/> QUIET				<input type="checkbox"/> VOICES							
<input type="checkbox"/> PARTY ATMOSPHERE				<input type="checkbox"/> MUSIC				<input type="checkbox"/> OTHER (Describe)											

CALL THE FOLLOWING PEOPLE IMMEDIATELY AFTER BOMB THREAT HAS BEEN RECEIVED
(1) POLICE (911) (2) YOUR SUPERVISOR [REDACTED] (3) BUILDING MANAGEMENT [REDACTED]