

# BOMB THREAT PROCEDURES

*This quick reference checklist is designed to help employees respond to a bomb threat in an orderly and controlled manner.*

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 and listen carefully.
2. 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 **Campus Police x5111** 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, contact Campus Police with information and await instructions.

If a bomb threat is received by handwritten note:

- Call **Campus Police 309-694-5111**
- Handle note as minimally as possible.

If a bomb threat is received by e-mail or social media:

- Call **Campus Police 309-694-5111**
- Do not delete the message. Take a screen shot to save it.

Signs of a suspicious package:

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

## DO NOT:

- Don't use two-way radios or cellular phone near a device. Radio signals have the potential to detonate a bomb.
- Don't Touch or move a suspicious package.
- Don't evacuate the building until you are told to do so by authorities.
- Don't activate any fire alarm.

## WHO TO CONTACT:

**Campus Police x5111**

# BOMB THREAT CHECKLIST

TIME:

CALLER ID INFO:

TIME CALLER HUNG UP:

## Ask Caller:

- Where is the bomb located? (building, floor, room, etc. - does caller seem familiar with campus?)  
\_\_\_\_\_
- 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?  
\_\_\_\_\_

| 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            |  |  |
| <input type="checkbox"/> Nasal           | <b>Other Information:</b>                  |  |
| <input type="checkbox"/> Normal          | _____                                      |  |
| <input type="checkbox"/> Ragged          | _____                                      |  |
| <input type="checkbox"/> Rapid           | _____                                      |  |
| <input type="checkbox"/> Raspy           | _____                                      |  |
| <input type="checkbox"/> Slow            | _____                                      |  |
| <input type="checkbox"/> Slurred         | _____                                      |  |
| <input type="checkbox"/> Soft            | _____                                      |  |
| <input type="checkbox"/> Stutter         | _____                                      |  |