Bomb Threat Checklist
Porter County Emergency Management Agency

Date:		Time Received:		☐ a.m. ☐ p.m.	**Time Ended:**		☐ a.m. ☐ p.m.
Readout on Caller I.D.				**Phone # Call Receive On:**			
Exact Words of Threat							

KEEP CALLER ON PHONE AS LONG AS POSSIBLE

When will it explode?	What day?		What time?		☐ a.m. ☐ p.m.
Where is it located?	Building		Floor	Room	
What kind of package?					
What kind of bomb is it?					
What will set it off?					
Did you place the bomb?	☐ Yes ☐ No	How?			
Why are you doing this?					
What's your name?					
What's your address?					
Are you aware it could hurt or kill innocent people?					

Caller Description				
☐ Male ☐ Female ☐ Unknown		Race	Age	
Background Noise	**Language**	**Manner**	**Speech**	**Voice**
☐ Airport	☐ Educated	☐ Angry	☐ Accent: *	☐ Clear
☐ Animals	☐ Foreign: *	☐ Agitated	☐ Fast	☐ Distorted
☐ Baby	☐ Foul	☐ Blaming	☐ Lisp	☐ Loud
☐ Bar	☐ Irrational	☐ Calm	☐ Message Read	☐ Nasal
☐ Birds	☐ Rational	☐ Clearing Throat	☐ Slow	☐ Pitch-High
☐ Gunfire	☐ Slang	☐ Coughing	☐ Slurred	☐ Pitch-Medium
☐ Machinery	☐ Uneducated	☐ Crying	☐ Stuttered	☐ Pitch-Deep
☐ Music / P.A. Sys.	☐ Unintelligible	☐ Laughing	*Describe if Accent	☐ Raspy
☐ Party	*Describe if Foreign	☐ Nervous		☐ Soft
☐ Phone		☐ Pleasant		☐ Squeaky
☐ Quiet		☐ Righteous		☐ Unclear
☐ Restaurant		☐ Scared		☐ Other:
☐ Sirens		☐ Other:		Describe Other
☐ Talking		Describe Other		
☐ Television				
☐ Traffic				
☐ Train				
☐ Typing				
☐ Water / Wind				
☐ Other:				

Received by   Email: Do not delete message   Text: Do not delete text   Note: Handle as little as possible