

## Bomb Threat Call Procedures

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information using the attached checklist.

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 the call, do not hang up, but from a different phone, contact Security immediately with information and await instructions.

### SECURITY OFFICES:

**Wharton Campus: Extension 6523**  
**Fort Bend Tech Campus: Extension 1501**  
**Sugarland Campus: 832-842-2929**  
**Or call 911**

\*\*If a bomb threat is received by handwritten note:

- Call Security: Wharton Campus 979-532-6523
- Handle note as minimally possible.

\*\*If a bomb threat is received by email:

- Call Security: Wharton Campus 979-532-6523
- DO NOT delete the message.

Signs of a suspicious package:

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

DO NOT:

- ⊗ Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- ⊗ Evacuate the building until Security/ Police arrive and evaluate the threat.
- ⊗ Activate the fire alarm.
- ⊗ Touch or move a suspicious package.

## BOMB THREAT CHECKLIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Caller \_\_\_\_\_ Phone number where  
Hung Up: \_\_\_\_\_ call was 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 or  no
- Why? \_\_\_\_\_
- What is your name? \_\_\_\_\_

### Exact Words of Threat:

\_\_\_\_\_  
\_\_\_\_\_

### Information about Caller:

- Where is the caller located? (Background and level of noise) \_\_\_\_\_
- Estimated age: \_\_\_\_\_
- Is voice familiar? If so, who does it sound like?  
\_\_\_\_\_
- Other points: \_\_\_\_\_

Caller's Voice      Background Sounds:      Threat Language:

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| Male                                     | Female                                     | <input type="checkbox"/> Animal Noises  | <input type="checkbox"/> Incoherent   |
| <input type="checkbox"/> Accent          |  | <input type="checkbox"/> House Noises   | <input type="checkbox"/> Message read |
| <input type="checkbox"/> Angry           |  | <input type="checkbox"/> Kitchen Noises | <input type="checkbox"/> Taped        |
| <input type="checkbox"/> Calm            |  | <input type="checkbox"/> Street Noises  | <input type="checkbox"/> Irrational   |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Booth             |   | <input type="checkbox"/> Profane      |
| <input type="checkbox"/> Coughing        | <input type="checkbox"/> PA system         |   | <input type="checkbox"/> Well-spoken  |
| <input type="checkbox"/> Cracking voice  | <input type="checkbox"/> Conversation      |   |                                       |
| <input type="checkbox"/> Crying          | <input type="checkbox"/> Music             |   |                                       |
| <input type="checkbox"/> Deep Breathing  | <input type="checkbox"/> Motor             |   |                                       |
| <input type="checkbox"/> Disguised       | <input type="checkbox"/> Clear             |   |                                       |
| <input type="checkbox"/> Distinct        | <input type="checkbox"/> Static            |   |                                       |
| <input type="checkbox"/> Excited         | <input type="checkbox"/> Office Machinery  |   |                                       |
| <input type="checkbox"/> Laughter        | <input type="checkbox"/> Factory machinery |   |                                       |
| <input type="checkbox"/> Lisp            | <input type="checkbox"/> Local             |   |                                       |
| <input type="checkbox"/> Loud            | <input type="checkbox"/> Long distance     |   |                                       |
| <input type="checkbox"/> Nasal           |  |   |                                       |
| <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         |  |   |                                       |

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_