

ONE WASHINGTONIAN CENTER BOMB THREAT CHECKLIST

CALL 911 IMMEDIATELY: *(If possible, have someone else call 911 during the call.)*
After calling 911, immediately contact the Management Office at 301-990-6614.

All employees, especially those answering phones, should keep a copy of this checklist on their desk or near their phone at all times in the event a bomb threat is received.

Tenant Company Name: _____
Name of Person Taking Call: _____ **Title:** _____
Date: _____ **Phone number call came in on:** _____
Time call was received: _____

IF POSSIBLE, ASK THE CALLER THE FOLLOWING QUESTIONS:

1. When is the bomb going to explode? _____
2. Where is it right now? _____
3. What will cause the bomb to explode? _____
4. Did you place the bomb? _____
5. Why did you place the bomb? _____
6. Sex of caller: _____
7. Approximate length of call: _____

PLEASE CHECK THE ADJECTIVES THAT APPLY TO THE SOUND OF THE CALLER'S VOICE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Rapid | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Static |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Stutter | <input type="checkbox"/> House Noises |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Motor |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Soft | <input type="checkbox"/> Factory or Machinery |
| <input type="checkbox"/> Crying | | <input type="checkbox"/> Local |
| <input type="checkbox"/> Raspy | Describe Threat | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Accent | Language: | <input type="checkbox"/> Telephone Booth |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Well spoken | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Educated | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Foul | <input type="checkbox"/> Music |
| <input type="checkbox"/> Familiar (if so, who did it sound like?) _____ | <input type="checkbox"/> Irrational | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Incoherent Taped | <input type="checkbox"/> Office |
| <input type="checkbox"/> Cracking Voice | Describe Any Background Sounds Heard: | <input type="checkbox"/> Other |
| <input type="checkbox"/> Slurred Voice | <input type="checkbox"/> Street Noises | |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Crockery Voices | |
| <input type="checkbox"/> Nasal | | |

REMARKS: