



Threat Identification Checklists



Telephone Threat Identification Checklist

In the event that the infrastructure receives a threatening phone call, remain calm and try to keep the caller on the line. Use the following checklist to collect as much detail as possible about the nature of the threat and the description of the caller. The bomb threat identification checklist can also be used for other potential threats.

Report to Local FBI Office:

QUESTIONS TO ASK	EXACT WORDING OF THREAT
1. When is the bomb going to explode?	_____
2. Where is it right now?	_____
3. What does it look like?	_____
4. What kind of a bomb is it?	_____
5. What will cause it to explode?	_____
6. Did you place the bomb?	_____
7. Why?	_____
8. What is your address?	_____
9. What is your name?	_____
Note if (and how) the caller seems familiar with the building by description of bomb location.	

EXACT WORDING OF THE THREAT

Sex of caller _____	Age _____	Ethnicity _____
Time call received _____	Time call hung up _____	
Caller ID number _____	Connection (Land line or cellular phone) _____	

Fill out completely, immediately following the bomb threat. Check all that apply.

CALLER'S VOICE

- | | | | |
|--------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy | <input type="checkbox"/> Whispered |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | <input type="checkbox"/> Accent
<i>Nationality?</i> _____ |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Slurred | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Familiar
<i>If voice is familiar,
who did it sound
like?</i> _____ |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal | <input type="checkbox"/> Deep Breathing | |
| <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | |

THREAT LANGUAGE

- | | | | |
|---|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Well Spoken
<i>(Educated)</i> | <input type="checkbox"/> Foul | <input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Taped | <input type="checkbox"/> Message read by threat marker | | |

BACKGROUND SOUNDS

- | | |
|---|-------|
| <input type="checkbox"/> Street Noises | _____ |
| <input type="checkbox"/> Voices (Adults/Children) | _____ |
| <input type="checkbox"/> Animal Noises | _____ |
| <input type="checkbox"/> Music | _____ |
| <input type="checkbox"/> House Noises | _____ |
| <input type="checkbox"/> Office Noises | _____ |
| <input type="checkbox"/> Machinery (Office/Factory) | _____ |
| <input type="checkbox"/> Motors | _____ |
| <input type="checkbox"/> Other | _____ |

Call Received By _____	Date _____	Time _____
Telephone Number _____	Position _____	Department _____
Call Reported To _____	Date _____	Time _____

Report of Suspicious Activity Checklist

In the event personnel from your infrastructure or neighbors observe suspicious activity, use the following checklist to collect as much detail about the nature of the activity.

1. Types of Suspicious Activity:

- | | |
|---|---|
| <input type="checkbox"/> Breach of Security (e.g. lock cut, door forced open) | <input type="checkbox"/> Person Taking Pictures |
| <input type="checkbox"/> Unauthorized personnel on property | <input type="checkbox"/> Unusual Information Requests |
| <input type="checkbox"/> Presence of personnel at location at unusual hours | <input type="checkbox"/> Suspicion of Surveillance |
| <input type="checkbox"/> Other (Explain) _____ | |
| _____ | |

2. Location of Suspicious Activity:

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Plant | <input type="checkbox"/> Equipment Yard | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Off Site Location _____ | | |
| <input type="checkbox"/> Other (Explain) _____ | | | |

3. Description of Events:

What made the activity suspicious _____

Breach of security (Specify nature and location) _____

What made the person suspicious _____

What made the vehicle suspicious _____

5. Vehicle Information:

Make _____ Model _____ Type _____
License Plate _____ State _____ Color _____
Number of Passengers _____ Year _____
Distinguishing Marks (e.g. dents, stickers) _____

6. Report Prepared By (Name, Department, and Telephone Number):

Date of Incident: _____ Time of Incident: _____

7. Incident Reported to: _____ **Date/Time:** _____

8. Action(s) Taken Following Receipt of the Report: