This form should be used **during and/or immediately following** the receipt of a verbal bomb threat.

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| **Exact Wording of Threat** |
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| **Call Details** |
| Time |   | Duration |   |
| Date |   | Phone number |   |

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| **Questions to Ask** |
| When is the bomb going to explode? |   |
| Where did you put the bomb? |   |
| When did you put it there? |   |
| What does the bomb look like? |   |
| What kind of bomb is it? |   |
| What will make the bomb explode? |   |
| Why did you place the bomb? |   |
| What is your name? |   |

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| **Callers Voice (circle relevant options or high-light)** |
| Calm | Angry | Excited | Intoxicated | Stutter | Lisp |
| Slow | Rapid | Soft | Cracking | Deep | Ragged |
| Loud | Laugh | Crying | Throaty | Disguised | Accent |
| Normal | Distinct | Slurred | Deep Breath | Familiar | Raspy |
| Other:  |
| **Language (circle relevant options or high-light)** |
| Well Spoken | Incoherent | Abusive | Irrational | Taped | Message Read |
| Other:  |

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| **Background Noises (circle relevant options or high-light)** |
| Clear | Static | Loud | Café | Music | Office Noise |
| Street Noise | Machinery | Airport | House Noise | Children | Animals |
| Voices | PA System | Traffic | Local | STD | Public Phone |
| Other:  |

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| **Received By** |
| Name |   | Building |   |
| Position |   | Phone number |   |

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| **Other Information** |
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| ***Records Storage Instructions*** |
| *Please forward this completed form to* *whs@une.edu.au* *for review and records retention in TRIM Container A17/1779.* |