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*](mailto:whs@une.edu.au) *for review and records retention in TRIM Container A17/1779.* |