Environmental Health & Safety Office

GEORGE MASON UNIVERSITY

Bomb Threat Checklist	
Questions to Ask Caller:	**Date and Time of Call:**
1. Where is the bomb located?	
2. When will it explode?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will make it explode?	
4. Did you place the bomb?	
5. Why?	
6. What is your name?	
7. Where are you now?	

Background Noise/Sounds *(check all that apply)*		Caller's Voice *(check all that apply)*		
_____ Office Machines	_____ Children	___ Male	___ Excited	___ Deep
_____ Street Noises	_____ Machines	___ Female	___ Angry	___ High
_____ Voices	_____ Animals	___ Normal	___ Slurred	___ Cracking
_____ Dishes	_____ Static	___ Soft	___ Nasal	___ Stutter
_____ Music	_____ No Noise	___ Loud	___ Lisp	___ Laughing
_____ Radio	_____ Outdoors	___ Fast	___ Raspy	___ Crying
_____ Airport	_____ Crowd	___ Slow	___ Familiar?	___ Altered
_____ Other:		___ Calm	___ Accent (type) _____	

Exact Wording of the Threat:

Notes:

IMMEDIATELY REPORT ALL THREATS TO UNIVERITY POLICE