

# BOMB THREAT PROCEDURES

*Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse side.*

## If a Bomb Threat Is Received By Phone:

1. Remain calm. Listen carefully. Do not disrupt the caller. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Try to keep the caller talking to learn more information. Ask the caller to repeat the message.
3. Try to get exact words of the caller and the threat.
4. If your phone has a display, record the number and/or letter of incoming call.
5. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
6. Immediately upon termination of the call, do not hang up, but from a different phone, contact the police with information and await instructions.

## If a Written (*Handwritten, Email, Social Media*) Threat Is Received:

- Save all materials received. Handle note as minimally as possible.
- Do not delete the message.
- Call Fresno State Police Department at 559.278.8400

## Signs Of a Suspicious Package:

- No return address. Incorrect titles. Unexpected delivery.
- Misspelled words. Poorly handwritten.
- Foreign postage. Excessive postage.
- Strange odor. Strange sounds.

## Do Not:

- Use two-way radios or cellular phone.
- Evacuate the building until police arrive.
- Activate alarm.
- Touch or move a suspicious package.

## Threat Evaluation

At the conclusion of the threat, immediately call authorities. Ensure the Bomb Threat Checklist has been completed and provide a copy to the appropriate personnel or emergency services. Security and building occupants should be observant of any suspicious people who appear to be nervous or be carrying a suspicious package. DO NOT attempt to touch, recover, and apprehend the person or device.

## Evacuation Procedure

The appropriate personnel should: take charge and control of the emergency by informing everyone in their department to remain in their area until further notice; refrain from calling other employees; and communicate to everyone that authorities have been notified. Decisions will be made to determine if it is safe to evacuate from the building. If so, authorities will begin an orderly evacuation and will assemble everyone at an established fathering point.

## Re-Occupancy Procedures

Upon notification of an all clear from the police, they will issue an all clear to everyone and will then be allowed to reoccupy the facility.

# BOMB THREAT CHECKLIST

|       |                       |
|-------|-----------------------|
| Date: | Time Threat Received: |
| Time: | Phone Number of Call: |

## Ask Caller:

|                                  |                    |                 |
|----------------------------------|--------------------|-----------------|
| Where is the bomb located?       | Building/Location: | Area:           |
| When was the bomb placed?        |                    |                 |
| When will it go off?             | Hour:              | Time Remaining: |
| What kind of bomb is it?         |                    |                 |
| What does it look like?          |                    |                 |
| What will make it explode?       |                    |                 |
| What is the reason for the bomb? |                    |                 |
| Where are you now?               |                    |                 |
| What is your name?               |                    |                 |

## Information About Caller:

|       |         |                  |
|-------|---------|------------------|
| Male: | Female: | Approximate Age: |
|-------|---------|------------------|

| Voice                               | Speech                                | Behavior                            | Background Noises                          |
|-------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> High Pitch | <input type="checkbox"/> Fast         | <input type="checkbox"/> Angry      | <input type="checkbox"/> Office Machinery  |
| <input type="checkbox"/> Low Pitch  | <input type="checkbox"/> Slow         | <input type="checkbox"/> Calm       | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Deep       | <input type="checkbox"/> Distinct     | <input type="checkbox"/> Nervous    | <input type="checkbox"/> Music             |
| <input type="checkbox"/> Loud       | <input type="checkbox"/> Deliberate   | <input type="checkbox"/> Fearful    | <input type="checkbox"/> Quiet             |
| <input type="checkbox"/> Soft       | <input type="checkbox"/> Distorted    | <input type="checkbox"/> Laughing   | <input type="checkbox"/> Noise             |
| <input type="checkbox"/> Pleasant   | <input type="checkbox"/> Stuttered    | <input type="checkbox"/> Coherent   | <input type="checkbox"/> Talking           |
| <input type="checkbox"/> Accent     | <input type="checkbox"/> Message Read | <input type="checkbox"/> Irrational | <input type="checkbox"/> Trains            |
| <input type="checkbox"/> Raspy      | <input type="checkbox"/> Well Spoken  | <input type="checkbox"/> Emotional  | <input type="checkbox"/> Planes            |
| <input type="checkbox"/> Nasal      | <input type="checkbox"/> Slurred      | <input type="checkbox"/> Irritated  | <input type="checkbox"/> Street            |
| <input type="checkbox"/> Lisp       | <input type="checkbox"/> Excited      | <input type="checkbox"/> Righteous  | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Disguised  | <input type="checkbox"/> Hesitant     | <input type="checkbox"/>            | <input type="checkbox"/> Television        |
| <input type="checkbox"/>            | <input type="checkbox"/>              | <input type="checkbox"/>            | <input type="checkbox"/> People            |
| <input type="checkbox"/>            | <input type="checkbox"/>              | <input type="checkbox"/>            | <input type="checkbox"/> Animals           |

## Other Information: