



## U.S. Merchant Marine Academy Telephone Bomb Threat Checklist

***Place this sheet near your phone***

**Instructions:** Remain calm and be courteous with the caller. Do not interrupt the caller. Fill out the form below with as much information as possible. Take note if it is a familiar voice. If possible, try to have another co-worker notify the authorities and Public Safety on another line. Notify authorities as soon as you can.

1. Where is the bomb going to explode?	5. What will cause the bomb to explode?
2. When is the bomb going to explode?	6. Did you place the bomb? If so, why?
3. What does the bomb look like?	7. What is your address (ask caller making threat)?
4. What kind of bomb is it?	8. What is your name (ask caller making threat)?

Exact wording of the threat:

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Time of Call:	Date:	Phone Number –Caller ID:																						
Does the caller have an accent? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, describe the accent:	Manner: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Angry</td> </tr> <tr> <td><input type="checkbox"/> Rational</td> <td><input type="checkbox"/> Irrational</td> </tr> <tr> <td><input type="checkbox"/> Coherent</td> <td><input type="checkbox"/> Incoherent</td> </tr> <tr> <td><input type="checkbox"/> Deliberate</td> <td><input type="checkbox"/> Emotional</td> </tr> <tr> <td><input type="checkbox"/> Righteous</td> <td><input type="checkbox"/> Laughing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Rational	<input type="checkbox"/> Irrational	<input type="checkbox"/> Coherent	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Emotional	<input type="checkbox"/> Righteous	<input type="checkbox"/> Laughing		<input type="checkbox"/> Other: _____	Background: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Machines</td> <td><input type="checkbox"/> Trains</td> </tr> <tr> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Animals</td> </tr> <tr> <td><input type="checkbox"/> Office</td> <td><input type="checkbox"/> Voices</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Airplanes</td> </tr> <tr> <td><input type="checkbox"/> Street Noise/ Traffic</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Machines	<input type="checkbox"/> Trains	<input type="checkbox"/> Music	<input type="checkbox"/> Animals	<input type="checkbox"/> Office	<input type="checkbox"/> Voices	<input type="checkbox"/> None	<input type="checkbox"/> Airplanes	<input type="checkbox"/> Street Noise/ Traffic	<input type="checkbox"/> Other: _____
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Age: (    )	Call Origin: <input type="checkbox"/> Local <input type="checkbox"/> Non-Local																						
Your Name:		Your Phone Number:																						
Your Position:		Date of Report:																						

**Emergency Numbers: 911 and USMMA Public Safety – 516-726-5911 (X5911)**