



STATE OF HAWAII
DEPARTMENT OF EDUCATION
OFFICE OF SCHOOL FACILITIES AND
SUPPORT SERVICES (OSFSS)
BOMB THREAT CHECKLIST

Place This Card Under Your Telephone

Date: Time:

Caller ID (If Available):

Call Received on Phone Number:

Time Caller Hung Up:

Length of Call:

QUESTIONS TO ASK

- Where is the bomb located? _____
- When will it explode? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No
- Why? _____
- Where are you calling from? _____
- What is your address? _____
- What is your name? _____

EXACT WORDING OF THE THREAT

INFORMATION ABOUT CALLER

- Sex of Caller Female Male
- Estimated Age: _____ Race: _____
- Other _____

(Continued on Back)

CALLER'S VOICE

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Accent | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Low |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Strong |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> High | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Whispering |

If voice is **familiar**, who did it sound like?

BACKGROUND SOUNDS

- | | |
|--|---|
| <input type="checkbox"/> Animal Noise | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Booth (Hollow) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Clear | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Conversation (Voices) | <input type="checkbox"/> Static |
| <input type="checkbox"/> Long Distance | <input type="checkbox"/> Street Noise (Traffic) |
| <input type="checkbox"/> Other: _____ | |

THREAT LANGUAGE

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Foul | <input type="checkbox"/> Message read by threat maker |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Well Spoken |

REPORT CALL IMMEDIATELY TO

Police Emergency: 911

District Office: _____

Safety, Security, and Emergency Preparedness
Branch (SSEPB): (808) 586-3457