

Three Rivers Community College

EMERGENCY ACTION PLAN REVISION

**APPENDIX C: BOMB THREAT REPORT FORM**

**Date:**

**Time:**

**Identity of person receiving call:** \_\_\_\_\_  
**Printed Name**

**Person receiving call:** \_\_\_\_\_  
**Signature**

**Position of person receiving call:**

**Number on which call was received:**

**Caller ID displayed (Yes / No):**

**Specific information displayed (E.G. Phone Number, Call Blocked):**

**Specific location at which call was received:**

**Exact wording of the threat:**

**Indicate if you asked the following questions (Yes / No) and response if any:**

- 1. When is the bomb going to explode?**
- 2. Where is the bomb right now?**
- 3. What does it look like?**
- 4. What will cause it to explode?**
- 5. Did you place the bomb?**
- 6. What is your name?**

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**Concerning the caller, do you have any opinion as to the person's Identity (Yes / No):**

**If yes is response to above question, provide as much information as possible or indicate not applicable (N/A):**

If the voice sounds familiar, who did it sound like?

Concerning the caller, do you have any opinion as to the person's:

- Race or ethnicity?
- Gender?
- Age?

**Note your impressions of the caller's voice:**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Cracking voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |

**Did you hear any background sounds:**

- |   |  |
|---|--|
| <input type="checkbox"/> Street Noises    | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Crockery         | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> PA system        | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Static            |
| <input type="checkbox"/> House noises     | <input type="checkbox"/> Local             |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Long distance     |
| <input type="checkbox"/> Office machinery | <input type="checkbox"/> Booth             |
| <input type="checkbox"/> Other            | _____                                      |

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**Your observations of the language used by the caller in his / her threat (check applicable):**

- Well spoken (educated)
- Foul
- Irrational
- Incoherent
- Taped
- Message read by threat maker

**Remarks, if applicable concerning above observations:**

**It is critical that you provide all information to the Guard at the Security Desk as soon as the call is terminated.**

- **Provide a detailed oral briefing.**
- **Provide the original written Bomb Threat Form.**
- **Sign, date and attach all original notes to the Bomb Threat Form.**

**Do not leave campus; the police will want to interview you.**

- **Remain with Security.**
- **Relocate with Security to the Emergency Operations Center (EOC) at the Central Utility Plant (CUP).**
- **In the event that the CUP is the target of the threat, remain at the Security Desk or relocated to the alternate EOC located in the Dean of Administrations Conference Room.**
  - **Await arrival of law enforcement authorities.**

**Important emergency contact numbers for bomb threat notifications:**

- **Three Rivers Community College Emergency Hotline: Extension 55555**
- **Three Rivers Community College Security Desk: (860) 215-9053**
- **Norwich Police Department and Fire Department: 911**
- **Connecticut State Police, Troop E, Montville: (860) 848-6500**
- **Connecticut State Police Emergency Services Unit: (800) 842-0200**
- **Federal Bureau of Investigation: (203) 777-6311**
- **United States Postal Inspection Service: 24 hour emergency number to contact local duty Inspector 1-877-876-2455 (press option 2).**