

ONE BOSTON PLACE

BOMB THREAT CHECKLIST

CALL 911 IMMEDIATELY: *(If possible, have someone else call 911 during the call.) After calling 911, immediately contact the Building Management Office at 617-570-6400.*

All employees, especially those answering phones, should keep a copy of this checklist on their desk or near their phone at all times in the event a bomb threat is received.

Tenant Company Name: _____
Name of Person Taking Call: _____ Title: _____
Date: _____ Phone number call came in on: _____
Time call was received: _____

IF POSSIBLE, ASK THE CALLER THE FOLLOWING QUESTIONS:

1. When is the bomb going to explode? _____
2. Where is it right now? _____
3. What will cause the bomb to explode? _____
4. Did you place the bomb? _____
5. Why did you place the bomb? _____
6. Sex of caller: _____
7. Approximate length of call: _____

PLEASE CHECK THE ADJECTIVES THAT APPLY TO THE SOUND OF THE CALLER'S VOICE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Loud | Describe Any
Background Sounds
Heard: |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Nasal | |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Rapid | <input type="checkbox"/> Street Noises |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Crockery |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Soft | <input type="checkbox"/> Static |
| <input type="checkbox"/> Accent | | <input type="checkbox"/> House Noises |
| <input type="checkbox"/> Excited | Describe Threat | <input type="checkbox"/> Motor |
| <input type="checkbox"/> Normal | Language: | <input type="checkbox"/> Factory or
Machinery |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Well spoken | <input type="checkbox"/> Local |
| <input type="checkbox"/> Familiar (if so, who
did it sound
like?) _____ | <input type="checkbox"/> Educated | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Foul | <input type="checkbox"/> Telephone Booth |
| <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Irrational | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Slurred Voice | <input type="checkbox"/> Incoherent Taped | <input type="checkbox"/> Cell Phone |

- ❑ Music
- ❑ Animals
- ❑ Office
- ❑ Other