Attachment 3
Safety Program
Explosive Device Data Record

QUESTIONS TO ASK:

- When is the explosive device set to explode?

- Where is it right now?

- What does it look like?

- What will cause it to explode?

- Did you place the explosive device?

- Why?

- What is your address?

- What is your name?

EXACT WORDING OF THE THREAT:

Sex of caller:

Voice inflections (notable accent):

Age:

Length of call:

Number at which call was received:

Time:

Date:

CALLER'S VOICE:

_____Calm	_____Nasal
_____Angry	_____Stutter
_____Excited	_____Lisp
_____Slow	_____Raspy
_____Rapid	_____Deep
_____Soft	_____Ragged
_____Loud	_____Clearing Throat
_____Laughter	_____Deep Breathing
_____Crying	_____Cracking Voice
_____Normal	_____Disguised
_____Distinct	_____Accent
_____Slurred	_____Familiar

BACKGROUND SOUNDS:

____Street Noises	_____Animal Noises
____House Noises	_____Voices
____PA System	_____Static
____Music	_____Clear
____Office Machinery	_____Phone Booth
____Factory or Construction or Machinery	
____Other	

THREAT LANGUAGE:

____Well Spoken	____Incoherent
____Educated	____Taped
____Foul	____Irrational
____Message read by caller	

Remarks:

IMMEDIATELY CONTACT SALT* MEMBER AND PROVIDE HE/SHE WITH THIS INFORMATION. Salt member will contact 911 and you will be asked to provide this information to dispatcher and police/fire department.
*SALT is Senior Administrative Leadership Team and is comprised of President, Deans and Director of IT.

Date:

Name:

Position/title: