

# ONE WASHINGTONIAN CENTER BOMB THREAT CHECKLIST

**CALL 911 IMMEDIATELY:** *(If possible, have someone else call 911 during the call.)*  
After calling 911, immediately contact the Management Office at 301-990-6614.

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

**REMARKS:**