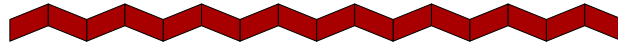




BOMB THREAT CHECKLIST



Safety & Security Fact Sheet

Time of call _____ am/pm Time call ended _____ am/pm Call taken by _____

Where is the bomb? _____

What does it look like? _____

When will it explode? _____

What will cause it to explode? _____

What kind of bomb is it? _____

Did you place the bomb? _____ Why? _____

What is your name? _____

Where are you? _____

VOICE DISCRPTION

<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> youngster	<input type="checkbox"/> teenager	<input type="checkbox"/> adult	<input type="checkbox"/> normal	<input type="checkbox"/> distinct
<input type="checkbox"/> soft	<input type="checkbox"/> fast	<input type="checkbox"/> calm	<input type="checkbox"/> laughing	<input type="checkbox"/> disguised	<input type="checkbox"/> nasal	<input type="checkbox"/> stutter
<input type="checkbox"/> high pitch	<input type="checkbox"/> slow	<input type="checkbox"/> angry	<input type="checkbox"/> crying	<input type="checkbox"/> familiar	<input type="checkbox"/> slurred	<input type="checkbox"/> raspy
<input type="checkbox"/> deep	<input type="checkbox"/> loud	<input type="checkbox"/> excited	<input type="checkbox"/> coughing	<input type="checkbox"/> accent	<input type="checkbox"/> lisp	<input type="checkbox"/> ragged
<input type="checkbox"/> clearing throat	<input type="checkbox"/> deep breathing	<input type="checkbox"/> cracking voice				

LANGUAGE DISCRPTION

<input type="checkbox"/> well spoken	<input type="checkbox"/> educated	<input type="checkbox"/> message read	<input type="checkbox"/> taped	<input type="checkbox"/> soft
<input type="checkbox"/> confused	<input type="checkbox"/> simple	<input type="checkbox"/> drunk/high	<input type="checkbox"/> irrational	<input type="checkbox"/> vulgar

BACKGROUND NOISE DISCRPTION

<input type="checkbox"/> clear	<input type="checkbox"/> static	<input type="checkbox"/> home	<input type="checkbox"/> office	<input type="checkbox"/> factory	<input type="checkbox"/> music	<input type="checkbox"/> voices	<input type="checkbox"/> traffic	<input type="checkbox"/> eatery
<input type="checkbox"/> animal	<input type="checkbox"/> outside	<input type="checkbox"/> TV	<input type="checkbox"/> other-describe _____					
<input type="checkbox"/> PA system	<input type="checkbox"/> phone booth	<input type="checkbox"/> cell phone	<input type="checkbox"/> long distance	<input type="checkbox"/> local				

For more information, visit our web site, www.fcps.edu/fts/safety-security/index.htm.
If you need assistance, call the security section at 703-764-2400.