

# BOMB THREAT PROCEDURES

*This quick reference checklist is designed to help VSU faculty and staff respond to a bomb threat in an orderly and controlled manner to support the first responders and other VSU staff.*

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the provided checklist.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or immediately notify them as soon as the caller hangs up.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, DO NOT HANG UP, but from a different phone, contact VSU Police at (804) 524-5411 or Dial 911 immediately with information and await instructions.

If a bomb threat is received by handwritten note or social media:

- Call \_\_\_\_\_
- Handle notes as minimally as possible.
- Did you take a screenshot?  
Yes \_\_\_ No \_\_\_

If a bomb threat is received by e-mail:

- Call \_\_\_\_\_
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

## DO NOT:

- Use two-way radios or cellular phones. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

**Contact VSU Police at (804) 524-5411  
or Dial 911**



# BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER  
HUNG UP:

PHONE NUMBER WHERE  
CALL RECEIVED:

## Ask Caller:

- Where is the bomb located?  
(building, floor, room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

## Exact Words of Threat:

## Information About Caller:

- Where is the caller located?  
(background/level of noise)
- Estimated age:
- Is the voice familiar? If so, who does it sound like?
- Other points:

### Caller's Voice

### Background Sounds

### Threat Language

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Female          | <input type="checkbox"/> Animal noises     | <input type="checkbox"/> Incoherent    |
| <input type="checkbox"/> Male            | <input type="checkbox"/> House noises      | <input type="checkbox"/> Message read  |
| <input type="checkbox"/> Accent          | <input type="checkbox"/> Kitchen noises    | <input type="checkbox"/> Taped message |
| <input type="checkbox"/> Angry           | <input type="checkbox"/> Street noises     | <input type="checkbox"/> Irrational    |
| <input type="checkbox"/> Calm            | <input type="checkbox"/> Booth             | <input type="checkbox"/> Profane       |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> PA system         | <input type="checkbox"/> Well-spoken   |
| <input type="checkbox"/> Coughing        | <input type="checkbox"/> Conversation      |  |
| <input type="checkbox"/> Cracking Voice  | <input type="checkbox"/> Music             |  |
| <input type="checkbox"/> Crying          | <input type="checkbox"/> Motor             |  |
| <input type="checkbox"/> Deep            | <input type="checkbox"/> Clear             |  |
| <input type="checkbox"/> Deep breathing  | <input type="checkbox"/> Static            |  |
| <input type="checkbox"/> Disguised       | <input type="checkbox"/> Office machinery  |  |
| <input type="checkbox"/> Distinct        | <input type="checkbox"/> Factory machinery |  |
| <input type="checkbox"/> Excited         | <input type="checkbox"/> Local             |  |
| <input type="checkbox"/> Laughter        | <input type="checkbox"/> Long distance     |  |
| <input type="checkbox"/> Lisp            |  |  |
| <input type="checkbox"/> Loud            |  |  |
| <input type="checkbox"/> Nasal           |  |  |
| <input type="checkbox"/> Normal          |  |  |
| <input type="checkbox"/> Ragged          |  |  |
| <input type="checkbox"/> Rapid           |  |  |
| <input type="checkbox"/> Raspy           |  |  |
| <input type="checkbox"/> Slow            |  |  |
| <input type="checkbox"/> Slurred         |  |  |
| <input type="checkbox"/> Soft            |  |  |
| <input type="checkbox"/> Stutter         |  |  |

### Other Information:

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