

BOMB THREAT INSTRUCTIONS

In the event that you receive a bomb threat at your work location, it is imperative for your safety and the safety of others that the police having jurisdiction for your area be contacted immediately. State agencies within the Capitol Police jurisdiction in Harrisburg should dial 1-911. State agencies not covered by Capitol Police should refer to the inside front cover of this directory

See the copy of a bomb threat data card (STD-499) below with important information in the event of a threat.



**COMMONWEALTH OF PENNSYLVANIA
BOMB THREAT DATA**

PLACE THIS CARD UNDER YOUR TELEPHONE

QUESTIONS TO ASK:

1. Where is the bomb right now?
2. When is bomb going to explode?
3. What does it look like?
4. What kind of bomb is it?
5. Did you place the bomb?
6. Why?
7. What is your address?
8. What is your name?
9. Any names of persons, agencies or offices?

- DO NOT HANG UP THE PHONE -

EXACT WORDING OF THREAT:

Sex of Caller: _____ Race: _____

Age: _____ Length of Call: _____

Number at which call is received: _____

Use CALL TRACE *57

Time: _____ Date _____ / _____ / _____

BOMB THREAT

COMMONWEALTH OF PENNSYLVANIA
STD-499 05-06

CALLER'S VOICE:

- | | |
|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Whispered |
| <input type="checkbox"/> Speech Pattern | |

Is the voice familiar?

BACKGROUND SOUNDS

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> House Noises | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Other (Specify) |

THREAT LANGUAGE:

- | | |
|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Well Spoken (Educated) | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Message read by threat maker |

REMARKS: _____

Report call immediately to your supervisor or, if your supervisor is not immediately available, notify another person in charge.

PHONE NO.	DATE
NAME	POSITION

Any state agency within PA Capitol Police jurisdiction may request training in bomb threat response procedures by calling 787-3944.