

Bomb Threat Procedures

This comprehensive checklist has been specifically designed to support employees and key stakeholders at The Aerospace Corporation in effectively responding to bomb threats in a coordinated manner, in collaboration with first responders. It is crucial to prioritize immediate attention to bomb threats and treat them with the utmost seriousness until verified otherwise. It is encouraged to act swiftly, while maintaining a calm approach, and utilize the detailed checklist provided on the reverse side of this card to gather vital information.

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, as soon as the caller hangs up, immediately notify them yourself.
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 call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call 911 and SCC:East Coast (571) 304-7220, West Coast (301) 336-6520
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call 911 and SCC:East Coast (571) 304-7220, West Coast (301) 336-6520
- Do not delete the message.

Signs of a suspicious package

- No return addresses
- 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 phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

Who To Contact:

- 911
- Follow your local guidelines



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 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