

# Bomb Threat Report

## Health and Safety Directorate

To be completed by the person who received the call and advised the workplace manager and NSW Police.

**Time of call:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of person who received the call:** \_\_\_\_\_

**Exact wording of threat:** \_\_\_\_\_

### Questions to ask caller:

**What time will it explode?** \_\_\_\_\_

**Where is it?** \_\_\_\_\_

**What type of device is it?** \_\_\_\_\_

**Why are you doing this?** \_\_\_\_\_

**What is your name?** \_\_\_\_\_

### Analysis – indicate with an X

#### Type of call

Local                      STD                      Mobile                      Overseas

#### Voice

Male                      Female                      Child                      Giggling

Angry                      Calm                      Speech impediment  
(e.g. stammer)

Other (please specify) \_\_\_\_\_

#### Accent

British                      European                      American

Other (please specify) \_\_\_\_\_

#### Background noise

Traffic                      Aircraft                      Children                      Train

Party / other people                      Construction

Radio / TV

Other (please specify) \_\_\_\_\_

#### Did the caller appear familiar with the building?

Yes    No