

A. INTRODUCTION

This Guide provides guidance on how to respond to a bomb threat or caller who claims a bomb is located on campus.

B. SCOPE

The majority of bomb threats are hoaxes; however it is important that all threats be treated seriously. A quick and organized response to a perceived threat can minimize the risk of injury to students, employees and visitors. Making a false bomb threat is a federal offense punishable under United States Code 18-844e, with a penalty of up to ten years in prison, \$250,000 fine, or both. Bomb threats can be delivered via phone, letter, email or in person. All threats received by J. Sargeant Reynolds faculty, staff, and students must be reported to Reynolds Police immediately.

C. RESPONSE

If a bomb threat is received by phone:

- Remain Calm. Attempt to keep the caller on the telephone as long as possible.
- Use the *Bomb Threat Checklist*. (Attachment A)
- Record the time and phone number if you have a caller ID.
- Contact Reynolds Police (804)523-5911 immediately after receiving the threat.
- Do not use a cellular phone or two-way radios.
- Take no further action until advised to do so by the Reynolds Police. Responding officers will assess the threat and advise the building occupants if it is necessary to evacuate the building and/or area.

If a bomb threat is received by email, fax, or other electronic communication, immediately notify Reynolds Police and provide or relay the entire message and any previous correspondence with the sender. Take no further action until advised to do so by Reynolds Police. Responding officers will assess the threat and advise the building occupants if it is necessary to evacuate the building and/or area.

Attachment A: Bomb Threat Checklist

Time: Call received _____ am/pm **Terminated:** _____ am/pm

Date: ____ / ____ / ____

Exact Wording of the Threat

Gender of Caller: _____ **Race:** _____

Age: _____ **Length of Call:** _____

Number at which call is received: _____

Questions you should ask:

- A. When is the bomb going to explode?
- B. Where is the bomb right now?
- C. What does it look like?
- D. What kind of bomb is it?
- E. What will cause it to explode?
- F. Did you place the bomb?
- G. Why?
- H. What is your address?
- I. What is your name?

Voice Description:

- | | |
|------------------------------------|--|
| <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"/> Familiar |
| <input type="checkbox"/> Whispered | |

Recognize Voice? If so, who do you think it was? _____

Background sounds:

- | | |
|---|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Television | <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 _____ |

Threat Language:

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

Name: _____

Position: _____

Phone Number: _____