

UNIVERSITY OF COLORADO HOSPITAL
BOMB THREAT INFORMATION FORM

Date:	Time Received:	Time Ended:	
Exact Words of Caller (use reverse side if necessary):			
Specific Questions to Ask:			
When is the bomb going to explode?			
Where is the bomb located right now?			
What does the bomb look like?			
What kind of bomb is it?			
Why did you place the bomb?			
What is your name?			
Where are you calling from?			
Description of Caller's Voice:			
Male:	Female:	Unable to Determine:	
Young:	Old:	Middle Aged:	Unable to Determine:
Accent:		Tone of Voice:	
Is the Voice Familiar? and if so, from where?			
Background Noise?			
Additional Comments and Observations:			
Name of Person Receiving the Call:			
Department:		Dept. Phone Number:	
Call UCH Security Services (at 9-1-1) immediately after the completion of call			