

Threat Identification Checklist

If your utility receives a threatening phone call, try to keep the caller on the line to obtain as much information as possible. Record as much information as possible, including:

1. What kind of threat is posed?

A. Contamination: What kind of poison? _____

How much? _____

B. Physical Damage: What kind of damage? _____

With what kind of device? _____

2.

Where? _____

3. When?

4. Why?

5. By whom?

6. What is your (caller's) name? _____

7. What is your (caller's) affiliation, if any? _____

8. What is your (caller's) address/phone #? _____

9. What is the exact wording of the threat? _____

10. Is the caller male female well spoken illiterate foul irrational incoherent

11. Is the caller's voice calm angry slow rapid soft loud laughing crying

normal slurred nasal clear lisping stuttering deep high

cracking excited young old

familiar - who did it sound like? _____

accented - what nationality, region? _____

12. Is the connection clear? (Could it have been a wireless or cell phone?)

13. Are there background noises? street noises - what kind? _____

machinery - what type? _____

voices - describe _____

children - describe _____

animals- what kind? _____

computer keyboard/office

motors - describe _____

music - what kind? _____

___other_____

Name of person receiving call _____ Date _____ Time _____

Notify Utility manager _____ phone: _____

Local FBI/Law Enforcement, Phone _____

Other _____ phone: _____

2.6 Phone Threat Report Form

INSTRUCTIONS

This form is intended to be used by utility staff that regularly answer phone calls from the public (e.g., call center operators). The purpose of this form is to help these staff capture as much information from a threatening phone call while the caller is on the line. It is important that the operator keep the caller on the line as long as possible in order to collect additional information. Since this form will be used during the call, it is important that operators become familiar with its content and organization. The sections of the form are organized with the information that should be collected during the call at the front of the form (i.e., Details of Threat and Identification of the Caller) and information that can be completed immediately following the call at the end of the form (i.e., the description of the caller). The information collected on this form will be critical to the threat evaluation process.

Remember, threatening a drinking water system may be a crime under the SDWA Amendments!

THREAT NOTIFICATION

Utility Name and Address: _____

Name of person receiving the call: _____

Date phone call received: _____ Time phone call received: _____

Time phone call ended: _____ Duration of phone call: _____

Originating number: _____ Originating name: _____

*If the number/name is not displayed on the caller ID, press *57 (or call trace) at the end of the call and inform law enforcement that the phone company may have trace information.*

Is the connection clear? Yes No

Could call be from a wireless phone? Yes No

DETAILS OF THREAT

Has the water already been contaminated? Yes No

Date and time of contaminant introduction known? Yes No

Date and time if known: _____

Location of contaminant introduction known? Yes No

Site Name: _____

Type of facility

- | | | |
|--|--|---|
| <input type="checkbox"/> Source water | <input type="checkbox"/> Treatment plant | <input type="checkbox"/> Pump station |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____ | | |

Address: _____

Additional Site Information: _____

Name or type of contaminant known?

Yes No

Type of contaminant

Chemical

Biological

Radiological

Specific contaminant name/description: _____

Mode of contaminant introduction known?

Yes No

Method of addition:

Single dose

Over time

Other _____

Amount of material: _____

Additional Information: _____

Motive for contamination known?

Yes No

Retaliation/revenge

Political cause

Religious doctrine

Other _____

Describe motivation: _____

CALLER INFORMATION

Basic Information:

Stated name: _____

Affiliation: _____

Phone number: _____

Location/address: _____

Caller's Voice:

Did the voice sound disguised or altered? Yes No

Did the call sound like a recording? Yes No

Did the voice sound? Male / Female Young / Old

Did the voice sound familiar? Yes No

If 'Yes,' who did it sound like? _____

Did the caller have an accent? Yes No

If 'Yes,' what nationality? _____

How did the caller sound or speak?

Educated

Well spoken

Illiterate

Irrational

Obscene

Incoherent

Reading a script

Other _____

What was the caller's tone of voice?

- | | | | |
|--------------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Angry | <input type="checkbox"/> Lipping | <input type="checkbox"/> Stuttering/broken |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Nervous | <input type="checkbox"/> Sincere | <input type="checkbox"/> Insincere |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Rapid | <input type="checkbox"/> Normal | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Loud | <input type="checkbox"/> Nasal | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Crying | <input type="checkbox"/> Clear | <input type="checkbox"/> Deep breathing |
| <input type="checkbox"/> Deep | <input type="checkbox"/> High | <input type="checkbox"/> Raspy | <input type="checkbox"/> Cracking |
| <input type="checkbox"/> Other _____ | | | |

Were there background noises coming from the caller's end?

- | | | |
|--|----------|-------|
| <input type="checkbox"/> Silence | | |
| <input type="checkbox"/> Voices | describe | _____ |
| <input type="checkbox"/> Children | describe | _____ |
| <input type="checkbox"/> Animals | describe | _____ |
| <input type="checkbox"/> Factory sounds | describe | _____ |
| <input type="checkbox"/> Office sounds | describe | _____ |
| <input type="checkbox"/> Music | describe | _____ |
| <input type="checkbox"/> Traffic/street sounds | describe | _____ |
| <input type="checkbox"/> Airplanes | describe | _____ |
| <input type="checkbox"/> Trains | describe | _____ |
| <input type="checkbox"/> Ships or large boats | describe | _____ |
| <input type="checkbox"/> Other: _____ | | |

SIGNOFF

Name of call recipient:

Print name _____ Phone Number _____

Signature _____ Date/Time: _____

Name of person completing this form (if different from call recipient):

Print name _____ Phone Number _____

Signature _____ Date/Time: _____