

Disaster Plan - Office Training Outlines

Activity	Person	Date of Training	Conducted By	Date of Drill	Conducted By

Staff Member	Activity	Date of Training	Conducted by	Date of Drill	Conducted by

Office-wide Drill	Persons	Date of Drill	Conducted By

Practice-wide Drill	Persons	Date of Drill	Conducted By

BOMB THREAT REPORT FORM

Listen carefully, remain calm, gather as much information as possible.
After completion of call, Immediately Dial 911, contact your supervisor and Practice Manager/CEO.
Complete form, remain available.

Date _____ Time _____

Location Phone # Receiving Call _____

Length of Call _____

Telephone number of caller _____
(if ID available)

What was said: _____

Voice Characteristics (educated, foul language, taped, calm, angry, slurred, accent, familiar sounding, sex, race, nationality, age).

Background sounds (music, street, house, office).

Questions to Ask:

Where is the bomb? _____

When is it going to explode? _____

What does it look like? _____

What kind of bomb is it? _____

Why did you place the bomb? _____

What is your name? _____

What is your address? _____

Employee Name

Date

Job Title