Procedure Statement
Threats to life or property can be made in a variety of methods. The threat of explosive devices or suspicious and unattended items are two similar forms of threat. This procedure will help ensure the proper response to this type of incident.

Scope of Authority
Anyone finding a note or receiving a call of a bomb threat or finding a suspicious package shall follow this procedure. The Blinn College Police Department and Emergency Management/Safety Coordinator shall have authority over the incident and will assess the situation and determine appropriate actions. The following Blinn personnel have the authority to institute a shelter in place or evacuation:

- Incident Management Team
- Emergency Management/Safety Coordinator
- Police Department

Communication
All communications regarding status of event, building, or occupants will be directed through the following Blinn personnel:

- Incident Management Team
- Emergency Management/Safety Coordinator
- Police Department

Under NO circumstance will information be given out to any other group or individuals. It is the responsibility of the Blinn Marketing/Media Relations Department to release statements to the public or news media.

Procedures

Bomb Threat

- Phone Call
  - Remain Calm
  - Obtain as much information as possible
    - Use the Bomb Threat Check List to assist you
  - Try to obtain the following
    - Location of Bomb (bldg., floor, room, etc.)
    - When it will go off
    - What does it look like
    - Caller’s Name
    - Write down the exact words used by the caller
    - Where is the caller
    - What will make it explode
    - Background noise
    - Caller ID
      - Write down any and all information you see on the Caller ID screen
  - Immediately notify the Blinn Police Department
  - Do not tell others or call for evacuation
    - Evacuations must be safe and controlled
    - Refer to authority
  - Do not use cell phones
  - Always follow the instruction of the Blinn Police Department, Blinn Emergency Management/Safety Coordinator, Brenham Police and Fire
• Written Threat
  o Handle as little as possible
  o If email
    ▪ DO NOT DELETE
    ▪ LEAVE ON SCREEN
  o Immediately notify the Blinn Police Department
  o Do not tell others

**Suspicious or Unattended Package**
• DO NOT TOUCH
• Signs of suspicious package
  o No return address
  o Excessive tape or string
  o Ticking sound
  o Protruding wires or aluminum foil
  o Strange odor
  o Stains
  o Incorrect titles
  o Unexpected delivery
  o Poorly written or misspelled
  o Restrictive notes (Personal, Confidential, etc.)
• Immediately notify Blinn Police Department
• DO NOT USE CELL PHONE within 100feet of package
• Keep others away
• Always follow the instruction of the Blinn Police Department, Blinn Emergency Management/Safety Coordinator, Brenham Police and Fire

**Evacuation or Shelter in place**
After the Blinn Police Department or Blinn Emergency Management/Safety Coordinator have assessed the situation, and evacuation or shelter in place may be ordered.

**BOARD POLICY REFERENCE**
Section C – Business and Support Services, CGC (Legal), Safety Program – Emergency Plans
Section C – Business and Support Services, CGC (Local), Safety Program – Emergency Plans
Bomb Threat Check List

Date: ______/_____/_______  Time of Call: __________ □ AM □ PM

Time Caller Hung Up: __________  Number on phone call ID: _____________________

Number Where Call Was Received:

ASK CALLER

Where is bomb? ____________________  When will it go off? ___________________

What does it look like? ________________  Why? ____________________________

About Caller

Name: ____________________________  Where is Caller? _______________________

Age: ______ (estimate)  Is voice familiar: □ Yes □ No  Accent □ Yes □ No ______

□ Male □ Female □ Calm □ Angry □ Excited □ Crying □ Slurred □ Stutter □ Lisp

□ Deep voice □ High voice □ Disguised voice □ Other:

Threat Language

□ Incoherent □ Message read □ Taped □ Irrational □ Profane □ Well Spoken

□ Other:

Background Sounds

□ House □ Animal □ Street □ Conversation □ Music □ Machine □ Shop □ Motor

□ PA system □ Other:

Other Information

Your Name:  Phone:

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