HealthCap
RISK MANAGEMENT SERVICES

BOMB THREAT CHECKLIST

Policy & Procedure

Policy:
It is the policy of this facility to provide a comfortable environment for our residents, employees and visitors. This emergency policy is intended to assist the facility in meeting its responsibility and emphasize the importance of employee training to respond appropriately in the event of a bomb threat.

Procedure:
It is the responsibility of the manager within the facility to notify the Administrator immediately and complete the Bomb Threat Checklist if a bomb threat occurs. It is critical that the information provided is clear, accurate and timely. The tool should be completed immediately to ensure that facts are remembered accurately and articulated appropriately.

Section II

If a bomb threat is received it is important that the facility manager or person receiving the call attempt to get the caller to reveal the following details:

Exact location of the alleged bomb: _____

_____

Time of anticipated detonation: _____

_____

Description of what the bomb looks like: _____

_____

_____

Identify what explosives were used to create the bomb: _____

_____

_____

Obtain as much information as you can from the caller. (Legitimate callers usually wish to avoid injury or death.) Request more data by expressing a desire to save lives.
Additional information obtained: _____

_____

Name of person receiving the call: _____

Date and Time of Call: _____

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____