

Livonia Public Library Bomb Threat Report Form

In case of a bomb threat, this form is to be used as a checklist and should be filled out while the caller is on the phone, if at all possible.

TIME OF CALL: \_\_\_\_\_

DATE OF CALL: \_\_\_\_\_

EXACT WORDS OF CALLER: \_\_\_\_\_

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HOW REPORTED: (ORIGIN OF CALL)

LOCAL \_\_\_\_\_ LONG DISTANCE \_\_\_\_\_ BOOTH \_\_\_\_\_

INTERNAL \_\_\_\_\_

BOMB INFORMATION: (QUESTIONS TO ASK CALLER)

What kind of bomb is it? \_\_\_\_\_

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What does it look like? \_\_\_\_\_

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ACTION TO TAKE IMMEDIATELY AFTER THE BOMB THREAT CALL:

Contact the following:

1. LEAVE BUILDING
2. 911 - Livingston Dispatch
3. Library Director     Frank Sykes
4. Town Supervisor     Eric Gott

ADDITIONAL  
COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND LOCATION WHERE CALL WAS  
RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF PERSON RECEIVING THE  
CALL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

form 9/02

Approved by Board of Trustees: September 10, 2002  
Revised March 9, 2009

Amended: November 13, 2018