

DTMB FACILITIES EMERGENCY INFORMATION

Please Learn the Emergency Procedures and the Name of Your Monitor

FOR ADDITIONAL INFORMATION ON THE EMERGENCY MONITOR PROGRAM, CONTACT YOUR FACILITY MANAGER

INCIDENT	HOW TO REPORT	WHAT WILL HAPPEN	PROCEDURE
FIRE	Pull the alarm and call (989) 758-1410 To report location.	Alarm will sound <i>inside</i> of building and fire department will respond.	Evacuate 100 feet from the building. <i>Do Not Use Elevators</i>
AMBULANCE	Call (989) 758-1410 Report as soon as possible.	Appropriate DMB personnel will respond.	Ensure unobstructed access to the area.
CRIME		Law enforcement personnel will respond. Evacuation may be necessary. If so, follow fire evacuation procedures.	Obtain as much information as possible. Be observant and remain calm.
BOMB			
BIOHAZARD			
TORNADO	National Weather Service will issue warning.	Civil Defense Sirens will sound <i>outside</i> of building and severe weather message will sound <i>inside</i> of building..	Evacuate to shelter area. <i>Do Not Use Elevators</i>
FOR NON-EMERGENCY BUILDING SERVICES: (989) 758-1440			

Technology, Management and Budget

Previous Editions Are Obsolete

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DTMB BOMB THREAT CHECKLIST

Notify Security (989) 758-1410 as soon as possible.

Time Call Received: _____

Time Call Terminated: _____

Caller's Name (if known): _____

Caller's Address/Location (if known): _____

Caller's Sex: Male Female

Caller's Age: Adult Child

Questions to Ask:

When will it explode? _____

Where is the bomb right now? _____

What kind of bomb is it? _____

What does it look like? _____

Why did you place the bomb? _____

Voice Characteristics:

Tone	Speech	Language
<input type="checkbox"/> Loud	<input type="checkbox"/> Fast	<input type="checkbox"/> Excellent
<input type="checkbox"/> Soft	<input type="checkbox"/> Slow	<input type="checkbox"/> Good
<input type="checkbox"/> High Pitch	<input type="checkbox"/> Distorted	<input type="checkbox"/> Fair
<input type="checkbox"/> Low Pitch	<input type="checkbox"/> Cursing	<input type="checkbox"/> Raspy
<input type="checkbox"/> Stutter	<input type="checkbox"/> Slurred	<input type="checkbox"/> Nasal
		<input type="checkbox"/> Lisp
		<input type="checkbox"/> Disguised
		<input type="checkbox"/> Foreign
		<input type="checkbox"/> Slang

Background Noise:

<input type="checkbox"/> Music	<input type="checkbox"/> Traffic	<input type="checkbox"/> Voices
<input type="checkbox"/> Machines	<input type="checkbox"/> Quiet	<input type="checkbox"/> Children
<input type="checkbox"/> Typing	<input type="checkbox"/> Cellular Phone	
<input type="checkbox"/> Other	_____	