

# DTMB FACILITIES – EMERGENCY INFORMATION

*Learn Emergency Procedures for Your Facility and the Name of Your Monitor*

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

INCIDENT	HOW TO REPORT	WHAT WILL HAPPEN	PROCEDURE
FIRE	Pull the alarm and call <b>(616) 356-0166</b> To report location.	Alarm will sound <i>inside</i> of building and fire department will respond.	Evacuate 100 feet from the building. <b><i>Do Not Use Elevators</i></b>
AMBULANCE	Call <b>(616) 356-0166</b>  Report as soon as possible.	Appropriate DTMB personnel will respond.	Ensure unobstructed access to 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 Parking Ramp Level B. <b><i>Do Not Use Elevators</i></b>
NON-EMERGENCY AFTER HOURS AND WEEKENDS	(517) 373-0196	Operators available 24 hours a day 365 days a year.	

Technology, Management and Budget

Previous Editions Are Obsolete

Revised 2/2012

## DTMB BOMB THREAT CHECKLIST

Call (616) 356-0166 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	_____	