

DTMB FACILITIES – EMERGENCY INFORMATION

Learn Emergency Procedures for Your Facility and the Name of Your Area 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 DTMB Central Control (517) 373-0190 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 DTMB Central Control (517) 373-0190 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 (except at General Services Building.)	Evacuate to shelter area. <i>Do Not Use Elevators</i>
NON EMERGENCY	(517) 373-0196	Operators available 24 hours a day 365 days a year.	
DTMB Customer Service		(517) 373-6227 Monday - Friday 7 AM – 5 PM	

Technology, Management and Budget

Previous Editions Are Obsolete

Revised March 2013

DTMB BOMB THREAT CHECKLIST

Time Call Received: _____

Time Call Terminated: _____

Caller's Name (if known): _____

Caller's Address / Location (if known)

Number Listed on Caller Identification Display:

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	
Other _____		