

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 (313) 456-1100 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 (313) 456-1100 Report as soon as possible. | Appropriate facility 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 a severe weather message will be broadcast <i>inside</i> of building. | Evacuate to shelter area. <i>Do Not Use Elevators</i> |
| NON EMERGENCY AFTER HOURS AND WEEKENDS | (313) 456-4111 | Calls will be answered 24 hours a day 365 days a year. | |
| DTMB Customer Service Center | | 1-844-386-2272 Monday - Friday 7 AM – 5 PM | |

Technology, Management and Budget

Previous Editions Are Obsolete

2014

DTMB BOMB THREAT CHECKLIST

Call (313) 456-1100 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 | _____ | |