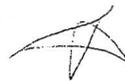


## FORMS

THREAT IDENTIFICATION CHECK LIST

WORK ORDER REPORT

WATER SYSTEM REPORT OF SUSPICIOUS ACTIVITY  
THESE FORMS ON ANY THREATENING PHONE  
CALL REPORT, OR TERRORISM ATTACK MUST BE  
COMPLETED WITH AS MUCH DETAILED  
INFORMATION AS POSSIBLE.



# Attachment 3: Threat Identification Checklists

## Water System Telephone Threat Identification Checklist

In the event your water system receives a threatening phone call, remain calm and try to keep the caller on the line. Use the following checklist to collect as much detail as possible about the nature of the threat and the description of the caller.

<b>1. Types of Tampering/Threat:</b> <input type="checkbox"/> Contamination <input type="checkbox"/> Threat to tamper <input type="checkbox"/> Biological <input type="checkbox"/> Bombs, explosives, etc. <input type="checkbox"/> Chemical <input type="checkbox"/> Other (explain)	
<b>2. Water System Identification:</b> Name: Address:  Telephone:  PWS Owner or Manager's Name:	
<b>3. Alternate Water Source Available: Yes/No</b>	<b>If yes, give name and location:</b>
<b>4. Location of Tampering:</b> <input type="checkbox"/> Distribution Line <input type="checkbox"/> Water Storage Facilities <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Raw Water Source <input type="checkbox"/> Treatment Chemicals <input type="checkbox"/> Other (explain):	
<b>5. Contaminant Source and Quantity:</b>	
<b>7. Date and Time of Tampering/Threat:</b>	
<b>8. Caller's Name/Alias, Address, and Telephone Number:</b>	
<b>9. Is the Caller (check all that apply):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Foul <input type="checkbox"/> Illiterate <input type="checkbox"/> Well Spoken <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent	

10. Is the Caller's Voice (check all that apply):

- |                                  |                                |                                   |                                  |                                     |
|----------------------------------|--------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Soft    | <input type="checkbox"/> Calm  | <input type="checkbox"/> Angry    | <input type="checkbox"/> Slow    | <input type="checkbox"/> Rapid      |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud  | <input type="checkbox"/> Laughing | <input type="checkbox"/> Crying  | <input type="checkbox"/> Normal     |
| <input type="checkbox"/> Deep    | <input type="checkbox"/> Nasal | <input type="checkbox"/> Clear    | <input type="checkbox"/> Lipping | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Old     | <input type="checkbox"/> High  | <input type="checkbox"/> Cracking | <input type="checkbox"/> Excited | <input type="checkbox"/> Young      |
- Familiar (who did it sound like?)
- Accented (which nationality or region?)

11. Is the Connection Clear? (Could it have been a wireless or cell phone?)

12. Are There Background Noises?

<input type="checkbox"/> Street noises (what kind?)	
<input type="checkbox"/> Machinery (what type?)	
<input type="checkbox"/> Voices (describe)	
<input type="checkbox"/> Children (describe)	
<input type="checkbox"/> Animals (what kind?)	
<input type="checkbox"/> Computer Keyboard, Office	
<input type="checkbox"/> Motors (describe)	
<input type="checkbox"/> Music (what kind?)	
<input type="checkbox"/> Other	

13. Call Received By (Name, Address, and Telephone Number):

Date Call Received:

Time of Call:

14. Call Reported to:

Date/Time

15. Action(s) Taken Following Receipt of Call:

## Water System Report of Suspicious Activity

In the event personnel from your water system (or neighbors of your water system) observe suspicious activity, use the following checklist to collect as much detail about the nature of the activity.

<b>1. Types of Suspicious Activity:</b>				
<ul style="list-style-type: none"><li>• Breach of security systems (e.g., lock out, door forced open)</li><li>••</li><li>• Unauthorized personnel on water system property.</li><li>••</li><li>••</li><li>• Presence of personnel at the water system at unusual hours</li></ul>	<ul style="list-style-type: none"><li>• Changes in water quality noticed by customers (e.g., change in color, odor, taste) that were not planned or announced by the water system</li><li>• Other (explain)</li></ul>			
<b>2. Water System Identification:</b>				
Name:				
Address:				
Telephone:				
PWS Owner or Manager's Name:				
<b>3. Alternate Water Source Available: Yes/No</b>	<b>If yes, give name and location:</b>			
<b>4. Location of Suspicious Activity:</b>				
<input type="checkbox"/> Distribution Line	<input type="checkbox"/> Water Storage Facilities	<input type="checkbox"/> Treatment Plant	<input type="checkbox"/> Raw Water Source	<input type="checkbox"/> Treatment Chemicals
<input type="checkbox"/> Other (explain):				

**5. If Breach of Security, What was the Nature of the Breach?**

Lock was cut or broken, permitting unauthorized entry.

Specify location

Lock was tampered with, but not sufficiently to allow unauthorized entry.

Specify location

Door, gate, window, or any other point of entry (vent, hatch, etc.) was open and unsecured

Specify location

Other

Specify nature and location

**6. Unauthorized personnel on site?**

Where were these people?

Specify location

What made them suspicious?

Not wearing water system uniforms

Something else? (Specify)

What were they doing?

**7. Please describe these personnel (height, weight, hair color, clothes, facial hair, any distinguishing marks):**

**8. Call Received By (Name, Address, and Telephone Number):**

Date Call Received:

Time of Call:

**9. Call Reported to:**

**Date/Time:**

**10. Action(s) Taken Following Receipt of Call:**