

SAMPLE

WORKPLACE VIOLENCE PREVENTION PROGRAM

POLICY STATEMENT

(Effective Date for Program)

Our establishment, **[Employer Name]** is concerned and committed to our employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program (WPVP). We will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.

All managers and supervisors are responsible for implementing and maintaining our WPVP Program. We encourage employee participation in designing and implementing our program. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

A copy of this Policy Statement and our WPVP Program is readily available to all employees from each manager and supervisor.

Our program ensures that all employees, including supervisors and managers, adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace.

All employees, including managers and supervisors, are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

The management of our establishment is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

Our Program will be reviewed and updated annually.

WORKPLACE VIOLENCE PREVENTION PROGRAM

THREAT ASSESSMENT TEAM

A Threat Assessment Team will be established and part of their duties will be to assess the vulnerability to workplace violence at our establishment and reach agreement on preventive actions to be taken. They will be responsible for auditing our overall Workplace Violence Program.

The Threat Assessment Team will consist of:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

The team will develop employee training programs in violence prevention and plan for responding to acts of violence. They will communicate this plan internally to all employees. The Threat Assessment Team will begin its work by reviewing previous incidents of violence at our workplace. They will analyze and review existing records identifying patterns that may indicate causes and severity of assault incidents and identify changes necessary to correct these hazard. These records include but are not limited to, OSHA 200 logs, past incident reports, medical records, insurance records, workers compensation records, police reports, accident investigations, training records, grievances, minutes of meetings, etc. The team will communicate with similar local businesses and trade associates concerning their experiences with workplace violence.

Additionally, they will inspect the workplace and evaluate the work tasks of all employees to determine the presence of hazards, conditions, operations and other situations with might place our workers at risk of occupational assault incidents. Employees will be surveyed to identify the potential for violent incidents and to identify or confirm the need for improved security measures. These surveys shall be reviewed, updated and distributed as needed or at least once within a two year period.

Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence will be performed by the following representatives of the Assessment Team, in the following areas of our workplace:

Representative: _____ Area _____

Representative: _____ Area _____

Representative: _____ Area _____

Periodic inspections will be performed according to the following schedule:

Frequency (Daily, weekly, monthly, etc.)

HAZARD ASSESSMENT

On **[Date]**, the Threat Assessment Team completed the hazard assessment. This consisted of a records review, inspection of the workaday and employee survey.

Records Review - The Threat Assessment Team reviewed the following records:

- ____ OSHA 200 logs for the last three years
- ____ Incident reports
- ____ Records of or information compiled for recording of assault incidents or near assault incidents
- ____ Insurance records
- ____ Police reports
- ____ Accident investigations
- ____ Training records
- ____ Grievances
- ____ Other relevant records or information: _____
- _____

From these records, we have identified the following issues that need to be addressed:

WORKPLACE SECURITY ANALYSIS

Inspection - The Threat Assessment Team inspected the workplace on **[Date]**. From this inspection the following issues have been identified:

Review of Tasks - The Threat Assessment Team also reviewed the work tasks of our employees to determine the presence of hazards, conditions, operations and situations which might place workers at risk of occupational assault incidents. The following factors were considered:

- Exchange of money with the public
- Working alone or in small numbers
- Working late at night or early in the morning hours

Working in a high crime area

Guarding valuable property or possessions

Working in community settings

Staffing levels

From this analysis, the following issues have been identified:

WORKPLACE SURVEY

Under the direction of the Threat Assessment Team, we distributed a survey among all of our employees to identify any additional issues that were not noted in the initial stages of the hazard assessment.

From that survey, the following issues have been identified:

WORKPLACE HAZARD CONTROL AND PREVENTION

In order to reduce the risk of workplace violence, the following measures have been recommended:

Engineering Controls and Building and Work Area Design

Management has instituted the following as a result of the workplace security inspection and recommendations made by the Threat Assessment Team:

These changes were completed on **[Date]**.

Policies and Procedures developed as a result of the Threat Assessment Team's recommendations:

TRAINING AND EDUCATION Training for all employees, including managers and supervisors, was given on **[Date]**. This training will be repeated every two years.

Training included:

- a review and definition of workplace violence;

- a full explanation and full description of our program (all employees were given a copy of this program at orientation);

- instructions on how to report all incidents including threats and verbal abuse;

- methods of recognizing and responding to workplace security hazards;

- training on how to identify potential workplace security hazards (such as no lights in parking lot while leaving late at night, unknown person loitering outside the building, etc.)

- review of measures that have been instituted in this organization to prevent workplace violence including:

 - use of security equipment and procedures;

 - how to attempt to diffuse hostile or threatening situations;

 - how to summon assistance in case of an emergency or hostage situation;

 - post-incident procedures, including medical follow-up and the availability of counseling and referral.

Additional specialized training was given to:

- Name, Department, Job Title

- Name, Department, Job Title

- Name, Department, Job Title

This training was conducted by _____ on **[Date]** and will be repeated every two years.

Trainers will be qualified and knowledgeable. Our trainers are professionals **[list type of certification]**. At the end of each training session, employees will be asked to evaluate the session and make suggestions on how to improve the training.

All training records will be filed with _____.

Workplace Violence Prevention training will be given to new employees as part of their orientation.

A general review of this program will be conducted every two years. Our training program will be updated to reflect changes in our Workplace Prevention Program.

INCIDENT REPORTING AND INVESTIGATION

All incidents must be reported within **[Time]**. An "Incident Report Form" will be completed for all incidents. One copy will be forwarded to the Threat Assessment Team for their review and a copy will be filed with **[Job Title]**.

Each incident will be evaluated by the Threat Assessment Team. The team will discuss the causes of the incident and will make recommendations on how to revise the program to prevent similar incidents from occurring. All revisions of the Program will be put into writing and made available to all employees.

RECORDKEEPING

We will maintain an accurate record of all workplace violence incidents. All incident report forms will be kept for a minimum of **[Time]**, or for the time specified in the Statute of Limitations for our local jurisdiction.

Any injury which requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness, will be recorded on the OSHA 200 log. Doctors' reports and supervisors' reports will be kept of each recorded incident, if applicable.

Incidents of abuse, verbal attack, or aggressive behavior which may be threatening to the employee, but not resulting in injury, will be recorded. These records will be evaluated on a regular basis by the Threat Assessment Team.

Minutes of the Threat Assessment Team meetings shall be kept for **[Time]**.

Records of training program contents, and the sign-in sheets of all attendees, shall be kept for **[Time]**. Qualifications of the trainers shall be maintained along with the training records.

COMPLETED WPVP PROGRAM (EXAMPLE) ABC COMPANIES WPVP PROGRAM POLICY STATEMENT JANUARY 1, 1996

Our establishment, **ABC COMPANY**, is concerned and committed to our employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program (WPVP). We will provide adequate authority and budgetary resources to responsible parties so

that our goals and responsibilities can be met.

All managers and supervisors are responsible for implementing and maintaining our WPVP Program. We encourage employee participation in designing and implementing our program. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

A copy of this Policy Statement and our WPVP Program is readily available to all employees from each manager and supervisor.

Our program ensures that all employees, including supervisors and managers, adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace.

All employees, including managers and supervisors, are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

The management of our establishment is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

Our Program will be reviewed and updated annually.

WORKPLACE VIOLENCE PREVENTION PROGRAM

THREAT ASSESSMENT TEAM

A Threat Assessment Team will be established and part of their duties will be to assess the vulnerability to workplace violence at our establishment and reach agreement on preventive actions to be taken. They will be responsible for auditing our overall Workplace Violence Program.

The Threat Assessment Team will consist of:

Name: John Smith	Title: Vice President	Phone: 555-1212
Name: Jane Doe	Title: Operations	Phone: 555-1234
Name: Frank Kras	Title: Shop Steward	Phone: 555-1233
Name: James Brown	Title: Security	Phone: 555-1456
Name: Susan Dean	Title: Treasurer	Phone: 555-1567
Name: Tom Jones	Title: Legal Counsel	Phone: 555-1678
Name: Sally Field	Title: Personnel	Phone: 555-1789

The team will develop employee training programs in violence prevention and plan for responding to acts of violence. They will communicate this plan internally to all employees.

The Threat Assessment Team will begin its work by reviewing previous incidents of violence at our workplace. They will analyze and review existing records identifying patterns that may indicate causes and severity of assault incidents and identify changes necessary to correct these

hazards. These records include but are not limited to, OSHA 200 logs, past incident reports, medical records, insurance records, workers compensation records, police reports, accident investigations, training records, grievances, minutes of meetings, etc. The team will communicate with similar local businesses and trade associates concerning their experiences with workplace violence.

Additionally, they will inspect the workplace and evaluate the work tasks of all employees to determine the presence of hazards, conditions, operations and other situations with might place our workers at risk of occupational assault incidents. Employees will be surveyed to identify the potential for violent incidents and to identify or confirm the need for improved security measures. These surveys shall be reviewed, updated and distributed as needed or at least once within a two year period.

Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence will be performed by the following representatives of the Assessment Team, in the following areas of our workplace:

Representative: **John Smith** Area **General Office**

Representative: **Frank Kras** Area **Shop and Lab**

Representative: **Jane Doe** Area **Reception & Sales**

Periodic inspections will be performed according to the following schedule:

First Monday of Every Month

Frequency (Daily, weekly, monthly, etc.)

HAZARD ASSESSMENT

On **September 5, 1995**, the Threat Assessment Team completed the hazard assessment. This consisted of a records review, inspection of the worksite and employee survey.

Records Review - The Threat Assessment Team reviewed the following records:

☒ OSHA 200 logs for the last three years

☒ Incident reports

☒ Records of or information compiled for recording of assault incidents or near assault incidents

☒ Insurance records

☐ Police reports

☐ Accident investigations

☐ Training records

☒ Grievances

☒ Other relevant records or information: **Workers' Compensation records.**

From these records, we have identified the following issues that need to be addressed:

employees have been assaulted by irate clients;

employees have been assaulted while traveling alone;

there have been several incidents of assault and harassment among employees.

WORKPLACE SECURITY ANALYSIS

Inspection - The Threat Assessment Team inspected the workplace on **July 31, 1995.**

From this inspection the following issues have been identified:

access to the building is not controlled; and it is not limited to any of the offices on the four floors that we occupy. There have been problems with non-employees entering private work areas;

doors to the restrooms are not kept locked;

lighting in the parking lot is inadequate;

in client service area, desks are situated in a way that make it necessary for employee to walk past the client in order to leave area. There are many objects on top of desks that could be used as weapons (i.e., scissors, stapler, file rack, etc.).

Review of Tasks - The Threat Assessment Team also reviewed the work tasks of our employees to determine the presence of hazards, conditions, operations and situations which might place workers at risk of occupational assault incidents. The following factors were considered:

Exchange of money with the public

Working alone or in small numbers

Working late at night or early in the morning hours

Working in a high crime area

Guarding valuable property or possessions

Working in community settings

Staffing levels

From this analysis, the following issues have been identified:

employees in client service area exchange money with clients;

there are several employees who work very late hours or come in very early in the morning in the shop and lab areas.

WORKPLACE SURVEY

Under the direction of the Threat Assessment Team, we distributed a survey among all of our employees to identify any additional issues that were not noted in the initial stages of the hazard assessment. From that survey, the following issues have been identified:

employees who work in the field have experienced threats of violence on several occasions, and there have been several near miss incidents. Employees noted that they were unsure of how to handle the situation and that they are often afraid to travel by themselves to areas they perceive are dangerous;

employees who work directly with clients in the office have also experienced threats, both verbal and physical, from some of the clients.

WORKPLACE HAZARD CONTROL AND PREVENTION

In order to reduce the risk of workplace violence, the following measures have been recommended:

Engineering Controls and Building and Work Area Design

Employees who have client contact in the facility, will have their work areas designed to ensure that they are protected from possible threats from their clients.

Changes to be completed as soon as possible and include:

**arranging desks and chairs to prevent entrapment of the employees;
removing items from the top of desks, such as scissors, staplers, etc. that can be used as a weapon;**

installing panic buttons to assist employees when they are threatened by clients. The buttons can be activated by one's foot. The signal will be transmitted to a supervisor's desk, as well as the security desk, which is always staffed.

Management has instituted the following as a result of the workplace security inspection and recommendations made by the Threat Assessment Team:

Installation of plexi-glass payment window for employees who handle money and need to take payments from clients (number of employees who take money will be strictly limited);

Adequate lighting systems installed for indoor building areas as well as areas around the outside of the facility and in the parking areas. The lighting systems will be maintained on a regular basis to ensure safety to all employees;

Locks installed on restroom doors and keys will be given to each department. Restroom doors are to be kept locked at all times. Supervisors will ensure that the keys are returned to ensure continued security for employees in their areas.

Installation of panic buttons in employees work areas.

Memorandum to all employees requesting that they remove any items from their desks that can be used as a weapon, such as scissors, staplers, etc.

These changes were completed by **January 1, 1996.**

Policies and Procedures developed as a result of the Threat Assessment Team recommendations:

Employees who are required to work in the field and who feel that the situation is unsafe should travel in "buddy" systems or with an escort from their supervisor.

Employees who work in the field will report to their supervisor periodically throughout the day. They will be provided with a personal beeper or cellular phone, which will allow them to contact assistance should an incident occur.

Access to the building will be controlled. All employees have been given a name badge which is to be worn at all times. If employees come in early, or are working past 7:30 p.m., they must enter and exit through the main entrance.

Visitors will be required to sign in at the front desk. All clients must enter through the main entrance to gain access.

TRAINING AND EDUCATION

Training for all employees, including managers and supervisors, was given on **September 11, 1995**. This training will be repeated every two years.

Training included:

a review and definition of workplace violence;

a full explanation and full description of our program (all employees were given a copy of this program at orientation);

instructions on how to report all incidents including threats and verbal abuse;

methods of recognizing and responding to workplace security hazards;

training on how to identify potential workplace security hazards(such as no lights in parking lot while leaving late at night, unknown person loitering outside the building, etc.)

review of measures that have been instituted in this organization to prevent workplace violence including:

use of security equipment and procedures;

how to attempt to diffuse hostile or threatening situations;

how to summon assistance in case of an emergency or hostage situation;

post-incident procedures, including medical follow-up and the availability of counseling and referral.

Additional specialized training was given to:

Employees who work in the field;

Employees who handle money with clients;

Employees who work after hours or come in early.

Specialized training included:

Personal safety;

Importance of the buddy system;

Recognizing unsafe situations and how to handle them during off hours.

This training was conducted by in-house staff, with assistance from the local police department on October 1, 1995 and will be repeated every two years.

Trainers were qualified and knowledgeable. Our trainers are professionals **certified by the Society of Industrial Security.**

At the end of each training session, employees are asked to evaluate the session and make suggestions on how to improve the training.

All training records are filed with **the Human Resource Department/Personnel Department.**

Workplace Violence Prevention training will be given to new employees as part of their orientation.

A general review of this program will be conducted every two years. Our training program will be updated to reflect changes in our Workplace Prevention Program.

INCIDENT REPORTING AND INVESTIGATION

All incidents must be reported within **Four (4) hours.** An "Incident Report Form" will be completed for all incidents. One copy will be forwarded to the Threat Assessment Team for their review and a copy will be filed with **the Human Resource/Personnel Department.**

Each incident will be evaluated by the Threat Assessment Team. The team will discuss the causes of the incident and will make recommendations on how to revise the program to prevent similar incidents from occurring. All revisions of the Program will be put into writing and made available to all employees.

RECORDKEEPING

We will maintain an accurate record of all workplace violence incidents. All incident report forms will be kept for a minimum of **seven (7) years**, or for the time specified in the Statute of Limitations for our local jurisdiction.

Any injury which requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness, will be recorded on the OSHA 200 log. Doctors' reports and supervisors' reports will be kept of each recorded incident, if applicable.

Incidents of abuse, verbal attack, or aggressive behavior which may be threatening to the employee, but not resulting in injury, will be recorded. These records will be evaluated on a regular basis by the Threat Assessment Team.

Minutes of the Threat Assessment Team meetings shall be kept for **three (3) years**.

Records of training program contents, and the sign-in sheets of all attendees, shall be kept for **five (5) years**. Qualifications of the trainers shall be maintained along with the training records.

SAMPLE

SELF INSPECTION SECURITY CHECKLIST

Facility: _____

Inspector: _____

Date of Inspection: _____

1. ____ Yes ____ No

Security Control Plan:

If yes, does it contain:

A. ____ Yes ____ No
____ Yes ____ No
____ Yes ____ No

Policy Statement

B. Review of Employee Incident Exposure

C. Methods of Control

If yes, does it include:

▪ ____ Yes ____ No
____ Yes ____ No
____ Yes ____ No
____ Yes ____ No
____ Yes ____ No
____ Yes ____ No

Engineering

▪ Work Practice
▪ Training

- Reporting Procedures
- Recordkeeping
- Counseling

Evaluation of Incidents

- E. Floor Plan
- F. Protection of Assets
- G. Computer Security
- H. Plan Accessible to All Employees
- I. Plan Reviewed and Updated Annually
- J. Plan Reviewed and Updated When Tasks Added or Changed

2. Yes No

Policy Statement by Employer

3. _____ Yes _____ No

Work Areas Evaluated by Employer

If yes, how often? _____

4. _____Yes _____No

Engineering Controls

If yes, does it include:

[illegible]

____Yes ____No
____Yes ____No
____Yes ____No
____Yes ____No

Mirrors to see around corners and in blind spots

- B. Landscaping to provide unobstructed view of the workplace
- C. "Fishbowl effect" to allow unobstructed view of the interior
- D. Limiting the posting of sale signs on windows
- E. Adequate lighting in and around the workplace
- F. Parking lot well lighted
- G. Door Control(s)
- H. Panic Button(s)
- I. Door Detector(s)
- J. Closed Circuit TV
- K. Stationary Metal Detector
- L. Sound Detection
- M. Intrusion Detection System
- N. Intrusion Panel
- O. Monitor(s)
- P. Video Tape Recorder
- Q. Switcher
- R. Hand Held Metal Detector
- S. Hand held video camera
- T. Personnel traps ("Sally Traps")
- U. Other _____

5. **Structural Modifications**

____Yes ____No

Plexiglas, glass guard, wire glass, partitions, etc.

If yes, comment: _____

6. **Security Guards**

A. ____Yes ____No

____Yes ____No

____Yes ____No

If yes, are there an appropriate number for the site?

B. Are they knowledgeable of the company WPVP Policy?

C. Indicate if they are:
_____Contract Guards (1)
_____In-house Employees (2)

D. _____Yes _____No
_____Yes _____No
_____Yes _____No

At Entrance(s)

E. Building Patrol
F. Guards provided with communication?

If yes, indicate what type: _____

G. _____Yes _____No

Guards receive training on Workplace Violence situations?

Comments: _____

7. _____Yes _____No

Work Practice Controls

If yes, indicate:

A. _____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No
_____Yes _____No

Desks Clear of Objects which may become Missiles

B. Unobstructed Office Exits
C. Vacant (Bare) Cubicles Available
D. Reception Area Available
E. Visitor/Client Sign In/Out
F. Visitor(s)/Client(s) Escorted
G. One Entrance Used
H. Separate Interview Area(s)
I. I.D. Badges Used
J. Emergency Numbers Posted By Phones

K. Internal Phone System

If yes, indicate:

____ Yes ____ No

____ Yes ____ No

Does it Use 120 VAC Building Lines

Does it Use Phone Lines

L. ____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

Internal Procedures for Conflict(Problem) Situations

M. Procedures for employee dismissal

N. Limit Spouse & Family Visits to Designated Areas

O. Key Control Procedures

P. Access Control to the Workplace

Q. Objects which may become Missiles Removed from Area

R. Parking Prohibited in Fire Zones

Other: _____

7a. Off Premises Work Practice Controls

(For staff who work away from a fixed workplace, such as: social services, real estate, utilities, policy/fire/sanitation, taxi/limo, construction, sales/delivery, messengers, and others.)

S. ____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

Trained in hazardous situation avoidance

- T. Briefed about areas where they work
 - U. Have reviewed past incidents by type and area
 - V. Know directions and routes for day's schedule
 - W. Previewed client/case histories
 - X. Left an itinerary with contact information
 - Y. Have periodic check-in procedures
 - Z. After hours contact procedures
 - AA. Partnering arrangements if deemed necessary
 - BB. Know how to control/defuse potentially violent situations
 - CC. Supplied with personal alarm/cellular phone/radio
 - DD. Limit visible clues of carrying money/valuables
 - EE. Carry forms to record incidents by area
 - FF. Know procedures if involved in incident
(see also Training Section)
8. ____Yes ____No

Training Conducted

If yes, is it:

- A. ____Yes ____No
 ____Yes ____No
 ____Yes ____No

Prior to Initial Assignment

B. At Least Annually Thereafter

C. Does it Include:

- ____Yes ____No
 ____Yes ____No
 ____Yes ____No
 ____Yes ____No
 ____Yes ____No
 ____Yes ____No
 ____Yes ____No
 ____Yes ____No

Components of security control plan

- Engineering and Workplace Controls
- Instituted at Workplace
- Techniques to Use in Potentially Volatile Situations
- How to Anticipate/Read Behavior
- Procedures to Follow After an Incident
- Periodic Refresher for On-Site
- Procedures
- Recognizing Abuse/Paraphernalia
- Opportunity for Q and A with Instructor
- On hazards unique to job tasks

9. ____Yes ____No

Written Training Records Kept

10. ____Yes ____No

Are Incidents Reported

If yes, are they:

- A. ☐ Yes ☐ No
☐ Yes ☐ No

Reported in Written Form

- B. First Report of Injury Form (If Employee Loses Time)
11. ☐ Yes ☐ No

Incidents Evaluated

- A. ☐ Yes ☐ No

EAP Counseling Offered

- B. Other Action (Reporting Requirements, suggestions, reporting to local authorities, etc.)

- C. ☐ Yes ☐ No

Are Steps Taken to Prevent Recurrence?

12. ☐ Yes ☐ No

Floor Plans Posted Showing Exits, Entrances, Location of Security Equipment, Etc.

If yes, does it:

- A. ☐ Yes ☐ No

Include an Emergency Action Plan, Evacuation Plan, and/or a Disaster Contingency Plan?

13. ☐ Yes ☐ No

Do Employees Feel Safe

- A. ☐ Yes ☐ No

Have employees been surveyed to find out their concerns

- B. ☐ Yes ☐ No

Has the employer utilized the crime prevention services and/or lectures provided by the local or State police?

Comments:

General

Comments/Recommendations: _____

SAMPLE

INCIDENT REPORT FORM

1. VICTIMS NAME: _____ JOB TITLE: _____
2. VICTIMS ADDRESS: _____
3. HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____
4. EMPLOYERS NAME AND ADDRESS: _____
5. DEPARTMENT/SECTION: _____
6. VICTIMS SOCIAL SECURITY NUMBER: _____
7. INCIDENT DATE _____
8. INCIDENT TIME: _____
9. INCIDENT LOCATION: _____
10. WORK LOCATION (if different): _____
11. TYPE OF INCIDENT: (circle one): Assault, Robbery, Harassment, Disorderly Conduct, Sex Offense, Other. (Please Specify)

(See attached - DEFINITION OF INCIDENTS WORKSHEET)

12. WERE YOU INJURED: (circle):

Yes No

If yes, please specify your injuries and the location of any treatment:

13. DID POLICE RESPOND TO INCIDENT:

Yes No

14. WHAT POLICE DEPARTMENT: _____

15. POLICE REPORT FILED:

Yes No

REPORT NUMBER: _____

16. WAS YOUR SUPERVISOR NOTIFIED:

Yes No

17. SUPERVISORS NAME: _____

18. WAS THE LOCAL UNION/EMPLOYEE REPRESENTATIVE NOTIFIED:

Yes No

Who should be notified _____

19. WAS ANY ACTION TAKEN BY EMPLOYER: (specify)

20. ASSAILANT/PERPETRATOR: (circle one): Intruder, Customer, Patient, Resident, Client, Visitor, Student, Co-Worker, Former, Employee, Supervisor, Family/Friend, Other, (specify):

21. ASSAILANT/PERPETRATOR - NAME/ADDRESS/AGE (if known): _____

22. PLEASE BRIEFLY DESCRIBE THE INCIDENT: _____

23. INCIDENT DISPOSITION: (Circle all that apply): No action taken, Arrest, Warning, Suspension, Reprimand, Other: _____

24. DID THE INCIDENT INVOLVE A WEAPON: Yes/no Specify _____

25. DID YOU LOSE ANY WORK DAYS:

Yes No

Specify _____

26. WERE YOU SINGLED OUT OR WAS THE VIOLENCE DIRECTED AT MORE THAN ONE INDIVIDUAL: _____

27. WERE YOU ALONE WHEN THE INCIDENT OCCURRED: _____

28. DID YOU HAVE ANY REASON TO BELIEVE THAT AN INCIDENT MIGHT OCCUR:

Yes No

Why: _____

29. HAS THIS TYPE OR SIMILAR INCIDENT(S) HAPPENED TO YOU OR YOUR CO-WORKERS:

Yes No

Specify: _____

30. HAVE YOU HAD ANY COUNSELING OR SUPPORT SINCE THE INCIDENT:

Yes No

Specify: _____

31. WHAT DO YOU FEEL CAN BE DONE IN THE FUTURE TO AVOID SUCH AN INCIDENT:

32. WAS THIS ASSAILANT INVOLVED IN PREVIOUS INCIDENTS:

33. ARE THERE ANY MEASURES IN PLACE TO PREVENT SIMILAR INCIDENTS:

Yes No

Specify: _____

34. HAS CORRECTIVE ACTION BEEN TAKEN:

Specify: _____

35. COMMENTS: _____

SAMPLE EMPLOYEE SECURITY SURVEY

This survey will help detect Security Problems in your building or at an alternate worksite.

Please fill out this form, get your co-workers to fill it out and review it to see where the potential for major security problems lie.

NAME: _____

WORK LOCATION: _____

(IN BUILDING OR ALTERNATE WORKSITE)

1. Do either of these two conditions exist in your building or at your alternate work site?

___ Work alone during working hours.

___ No notification given to anyone when you finish work.

Are these conditions a problem? If so when, please describe. (For example, Mondays, evening, daylight savings time)

2. Do you have any of the following complaints (that may be associated with causing an unsafe worksite)?
(Check all that apply)

___ Does your work place have a written policy to follow for addressing general problems?

___ Does your work place have a written policy on how to handle a violent client

___ When and how to request the assistance of a co-worker

___ When and how to request the assistance of police

___ What to do about a verbal threat

___ What to do about a threat of violence

___ What to do about harassment

___ Working alone

___ Alarm System(s)

___ Security in and out of building

___ Security in parking lot

___ Have you been assaulted by a co-worker?

___ To your knowledge have incidents of violence ever occurred between your co-workers?

3. Are violence related incidents worse during shift work, on the road or in other situations. Please specify: _____
4. Where in the building or worksite would a violence related incident most likely to occur?
☐ lounge
☐ exits
☐ deliveries
☐ private offices
☐ parking lot
☐ bathroom
☐ entrance
☐ Other

Other (specify) _____
5. Have you ever noticed a situation that could lead to a violent incident?
6. Have you missed work because of a potential violent act(s) committed during your course of employment?
7. Do you receive workplace violence related training or assistance of any kind?
8. Has anything happened recently at your worksite that could have lead to violence?
9. Can you comment about the situation?
10. Has the number of violent clients increased?

DEFINITION OF INCIDENTS

1. **ASSAULT:**
The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.
2. **CRIMINAL MISCHIEF:**
Intentional or reckless damaging of the property of another person without permission.
3. **DISORDERLY CONDUCT:**
Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent numinous or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.
4. **HARASSMENT:**
Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

5. **LARCENY:**
Wrongful taking, depriving or withholding property from another (no force involved).
Victim may or may not be present.
6. **MENACING:**
Intentionally places or attempts to place another person in fear of imminent serious physical injury.
7. **RECKLESS ENDANGERMENT:**

Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.
8. **ROBBERY:**
Forcible stealing of another's property by use of threat of immediate physical force.
(Victim is present and aware of theft).
9. **SEX OFFENSE:**
Public Lewdness: Exposure of sexual organs to others.
Sexual Abuse: Subjecting another to sexual contact without consent.
Sodomy: A deviant sexual act committed as in rape.
Rape: Sexual intercourse without consent.

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