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:_______
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: ________________________ 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:
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:

__X__ OSHA 200 logs for the last three years
__X__ Incident reports
__X__ Records of or information compiled for recording of assault incidents or near assault incidents
__X__ 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
       ___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
     ___Yes ___No

   Engineering
   •  Work Practice
   •  Training
D.  ____Yes  ____No
    ____Yes  ____No
    ____Yes  ____No
    ____Yes  ____No
    ____Yes  ____No
    ____Yes  ____No
    ____Yes  ____No

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:

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
    ____Yes  ____No
    ____Yes  ____No
    ____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

___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
   ____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

   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
   ____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
   ____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
   ____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?
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 nумinous 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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