

Workplace Violence Prevention Program for

Golden Gate University

June 24, 2024

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SB 553 Key Requirements

- Identification of the person or persons responsible for implementing the program. This must allow employee participation.
- The employer's system for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices. This must allow employee participation.
- The employer's methods and procedures for correcting unsafe or unhealthy conditions and work practices in a timely manner.
- An occupational health and safety training program designed to instruct employees in general safe and healthy work practices and to provide specific instruction with respect to hazards specific to each employee's job assignment.
- The employer's system for communicating with employees on occupational health and safety matters, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal.
- The employer's method for investigating employee concerns.
- The employer's method for responding to an actual or potential workplace violence emergency, including the means to alert employees of the emergency and obtain help from staff designated to respond, and evacuation and shelter plans.
- The employer's system for ensuring that employees comply with safe and healthy work practices, which may include disciplinary action.
- The employer's method for post-incident response and investigation.
- A Workplace Violence Prevention Program conforming to the requirements of Section 6401.9.

WORKPLACE VIOLENCE PREVENTION MODEL PROGRAM

POLICY

It shall be the policy of the Golden Gate University further referenced as "The Organization" to provide all employees and members of the public with a safe and healthful work environment.

It shall be the policy of The Organization to take appropriate actions to protect, as fully as possible, all employees of the organization and members of the public from acts of violence, threats, intimidation, and harassment which may occur during the performance of job duties. The Organization shall also take action including involving state or local law enforcement and pursuing prosecution through judicial or other appropriate administrative remedies when such incidents occur.

PURPOSE

The purpose of the "Workplace Violence Prevention Program" is to ensure that The Organization provides employees and members of the public with a place to conduct the business of this organization free of threats, intimidation, harassment, and acts of violence.

DEFINITIONS

- (1) "Emergency" means unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.
- (2) "Engineering controls" mean an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard.
- (3) "Log" means the violent incident log required by this section.
- (4) "Plan" means the Workplace Violence Prevention Program required by this section.
- (5) "Threat of violence" means any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.
- (6) (A) "Workplace violence" means any act of violence or threat of violence that occurs in a place of employment.
 1. (B) "Workplace violence" includes, but is not limited to, the following:

- (i) The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- (ii) An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- (iii) The following four workplace violence types:
 - (I) “Type 1 violence,” which means workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
 - (II) “Type 2 violence,” which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
 - (III) “Type 3 violence,” which means workplace violence against an employee by a present or former employee, supervisor, or manager.
 - (IV) “Type 4 violence,” which means workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

2. (C) “Workplace violence” does not include lawful acts of self-defense or defense of others.

(7) “Work practice controls” means procedures and rules which are used to effectively reduce workplace violence hazards.

RESPONSIBILITY

We have decided to assign responsibility for security in our workplace. The Workplace Violence Prevention Program (WPVPP) Program administrator for workplace security resides in the Office of Business and Facilities and has the authority and responsibility for implementing the provisions of this program for The Organization.

All managers and supervisors are responsible for implementing and maintaining the WPVPP in their work areas and answering worker questions about the program. A copy of this program is available from each manager and supervisor.

All locations for The Organization are required to maintain a WPVPP in addition to the Injury and Illness Prevention Program (IIPP) as required by Cal/OSHA Title 8 Section 3203 and Senate Bill 553.

Manager/Supervisor - Managers and supervisors are responsible for ensuring compliance with the provisions of this Workplace Violence Prevention Program.

Employee - Employees are expected to act professionally, courteously, and responsibly at all times, which ensures compliance with the State of California's workplace violence policy requirements. It is the responsibility of each and every employee to immediately report any and all acts or threats, suspicious activity, and workplace violence to their immediate supervisor or manager or HR without fear of reprisal. All reports must be taken seriously. The initial verbal report must be followed up with written documentation which should include the following critical information: Names of the involved parties (i.e. perpetrator, victim and witnesses), exactly what occurred, when the incident occurred, where the event took place, and if known why it happened.

COMPLIANCE

The Organization is committed to ensuring that all safety and health policies and procedures involving workplace violence prevention are clearly communicated and understood by all employees. All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe, healthy and secure work environment. Our system of ensuring that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

1. Training employees, supervisors, and managers of the provisions of The Organization's Workplace Violence Prevention Program (WPVPP) when they are hired and periodically through memos, electronic mail, staff meetings, and training.
2. Evaluating the performance of employees to ensure compliance with The Organization's WPVPP.
3. Recognizing employees who demonstrate work practices that promote the WPVPP in the workplace by (example: verbal/written recognition by management, incentive program, etc.).
4. Providing training and/or Employee Assistance Program services to employees whose compliance is deficient with the WPVPP.
5. Disciplining employees for failure to comply with WPVPP
6. Providing employees with access to this written WPVPP
7. Public notice will be available on the internal Business Services, Facilities and Administration (BSFA) along with the internal Human Resources webpage and a link provided in communications with new and existing employees.

The Organization ensures the following:

Employees will not be threatened with adverse action or retaliated against in any way if they refuse to report to or leave a workplace or worksite because they have a reasonable belief that the workplace or worksite is unsafe.

Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety.

Site Specific Information

The WPVP will be available for all employees on the internal Business Services, Facilities and Administration (BSFA) site and the Human Resources site and notice of its availability will be communicated directly to all employees via email.

COMMUNICATION

The Organization recognizes that to maintain a safe, healthy and secure workplace we must communicate to all employees, including managers and supervisors, all workplace safety, health and security issues. We have a communication system designed to encourage a continuous flow of safety, health and security information between management and our employees without fear of reprisal and in a form that is readily understandable. We will communicate the WPV PREVENTION PROGRAM policies and procedures through:

1. New employee orientation.
2. Periodic review of our WPVPP with all employees, yearly, or more often if needed.
3. Training programs designed to address specific aspects of workplace violence prevention and security unique to our location. Additional online trainings can be made available via the Paycom recourse online library in the employee portal. You can contact your Workplace Violence Prevention Coordinator for more information, both the Office of Human Resources and/or Business Services, Facilities and Administration (BSFA).
4. Posting and distributing workplace violence prevention information.
5. Reporting workplace violence/security hazards or threats of violence. (Talk to your supervisors first, if that isn't possible, contact your Workplace Violence Prevention Coordinator – the office of Business Services, Facilities and Administration (BSFA), for more information.
6. Effective communication between employees, managers, and supervisors about security and violence concerns, including translation where appropriate.
7. Protecting employees who report incidents of workplace violence from retaliation by the person making the threats. Employees who report incidents of workplace violence will be protected from the person making the threats by The Organization immediately taking the appropriate actions such as removing the person, making the threats, from the work area until the situation is resolved. For serious threats or acts of violence, Security and/or the local police will be called.
8. A system for workers to anonymously inform management about workplace security and violence concerns – Golden Gate University uses Ethics Point as it's submission platform.

9. Addressing security issues at our workplace violence prevention/security team meetings.
(Note: Security issues will also be discussed at safety/workplace violence/joint Safety Committee meetings. The Safety Committee will recommend solutions to management and the program administrator will implement approved solutions.
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Incident Reporting Procedures

1. Call the main university phone number at 415-442-7800 or 911 if there is an emergency situation or if someone has been seriously injured.
2. Report all threats or acts of workplace violence to your supervisor or manager. If that's not possible, report incidents to your HR representative.
3. The supervisor or manager should complete an Incident Report Form and give it to Human Resources and/or Business Services, Facilities and Administration (BSFA). You can get these forms from Human Resources and/or Business Services, Facilities and Administration (BSFA).

HAZARD ASSESSMENT

The Business Services, Facilities and Administration (BSFA) team will perform workplace hazard assessment for workplace security in the form of periodic inspections. Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence are performed by the following observer(s) in the following areas of our workplace:

Periodic inspections are performed according to the following schedule:

1. Frequency: Monthly (depending on the circumstances of items 2 -5 below, more frequently as needed).
2. When we initially established our WPVP Program
3. When new, previously unidentified security hazards are recognized;
4. When occupational injuries or threats of injury occur; and
5. Whenever workplace security conditions warrant an inspection.

The following policies and procedures are established to ensure employee participate in designing and conducting periodic inspections to identify and evaluate workplace violence hazards.

Periodic inspections for security hazards consist of identification and evaluation of workplace security hazards and changes in worker work practices and may require assessing for more than one type of workplace violence. Our establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace security hazards. The Department will perform workplace hazard assessment for workplace violence prevention/security in the form of periodic inspections. Periodic inspections to identify and evaluate workplace violence/security hazards and threats of workplace violence are performed by: Business Services, Facilities and Administration (BSFA).

Periodic inspections for violence prevention/security hazards consist of identification and evaluation of workplace hazards and changes in business practices, and may require assessing for more than one type of workplace violence. Our establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace hazards.

WORKPLACE VIOLENCE HAZARD ASSESSMENT

Observer Name	Date	Site

Type I Workplace Security Hazards

Hazard	Notes for Improvement
The exterior and interior of the workplace for its attractiveness to robbery or other criminal acts.	
The need for security surveillance measures, such as mirrors or cameras.	
Posting of signs notifying the public that limited cash is kept on the premises.	
Procedures for employee response during a robbery or other criminal act.	
Procedures for reporting suspicious persons or activities.	
Posting of emergency telephone numbers for law enforcement, fire and medical services where employees have access to a telephone with an outside line.	
Limiting the amount of cash on hand and using safes for large amounts of cash, or armor car pickup.	
Building alarm systems and Crime Prevention through Environmental Design.	
Other: Including landscaping, lighting, ingress/egress, building design.	
Notes:	

Type II Workplace Security Hazards

Hazard	Notes for Improvement
Access to, and freedom of movement within, the workplace.	
Adequacy of workplace security systems, such as door locks, security windows, physical barriers, and restraint systems.	
Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.	
Employee's skill in safely handling threatening or hostile service recipients.	
Effectiveness of systems and procedures to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.	
The use of work practices such as "buddy" systems for specified emergency events.	
The availability of employee's posted escape routes.	
Notes:	

Type III Workplace Security Hazards

Hazard	Notes for Improvement
How well our establishment's workplace violence prevention policy has been communicated to employees, supervisors, or managers.	
How well our establishment's management and employees communicate with each other.	
Our employees', supervisors' and managers' knowledge of the warning signs of potential workplace violence.	
Access to, and freedom of movement within, the workplace by non-employees, including former employees or persons with whom one of our employees is having a dispute.	
Frequency and severity of worker reports of incidents of physical or verbal abuse by managers, supervisors or other employees.	
Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.	
Worker progressive disciplinary procedures.	
Notes:	

Type IV Workplace Security Hazards

Hazard	Notes for Improvement
How well our establishment's workplace violence prevention policy has been communicated to employees, supervisors, or managers.	
How well our establishment's management and employees communicate with each other.	
Our employees', supervisors' and managers' knowledge of the warning signs of potential workplace violence.	
Access to, and freedom of movement within, the workplace by non-employees, including former employees or persons with whom one of our employees is having a dispute.	
Frequency and severity of worker reports of incidents of physical or verbal abuse by managers, supervisors or other employees.	
Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace.	
Notes:	

WORKPLACE VIOLENCE INCIDENT INVESTIGATIONS

We have established the following policy for investigating incidents of workplace violence. Our procedures for investigating incidents of workplace violence, which includes threats and acts of violence, include:

- Visiting the scene of an incident as soon as possible.
- Interviewing involved employees and witnesses.
- Examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determining the cause of the incident.
- Taking corrective action to prevent similar incidents from occurring.
- Reviewing all previous incidents.
- Recording the findings and ensuring corrective actions are taken.
- Obtain any reports completed by law enforcement.
- Other:

WORKPLACE VIOLENCE HAZARD CORRECTION

Hazards, which threaten the security of employees, shall be corrected based on severity when they are first observed or discovered.

- If an imminent hazard exists that cannot be immediately abated without endangering worker(s) and/or property, all exposed workers will be removed from the situation except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition will be provided with the necessary protection.
- All corrective actions taken and dates they are completed will be documented on the appropriate forms.

Corrective measures for Type I workplace security hazards can include, but not limited to:

- Making the workplace unattractive to robbers and other criminal acts.
- Improve lighting around and at the workplace.
- Provide emergency buttons to workers and install emergency alarms at the workplace.
- Establish a safe room with a lockable door.
- Utilizing security guards and surveillance measures, such as cameras or mirrors, to provide information as to what is going on outside and inside the workplace.
- Reporting procedures for notifying designated employees of suspicious persons or activities.
- Posting emergency telephone numbers for law enforcement, fire and medical services where employees have access to a telephone with an outside line.
- Posting signs to notify the public that limited cash is kept on the premises.
- Limiting cash on hand and using time access safes and armored car services for large amounts of cash.
- Training on emergency action procedures for employees, supervisors and managers.
- Using alarm systems and access control systems.
- Applying Crime Prevention through Environmental Design practices.

Corrective measures for Type II workplace security hazards include, but not limited

to:

- Controlling access to the workplace and freedom of movement within it, consistent with business necessity.
- Ensuring adequate workplace security/access control systems, such as door locks, security windows, physical barriers, and restraint systems.
- Providing worker training in recognizing and handling threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- Placing effective systems to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.
- Providing procedures for a "buddy" system for specified emergency events.
- Ensuring adequate emergency escape routes.

Corrective measures for Type III workplace security hazards include, but not

limited to:

- Communicating effectively our department's workplace violence prevention policy to all employees, supervisors, and managers.
- Improving how well our establishment's management and employees communicate with each other.
- Increasing employees, supervisors', and managers' awareness of the warning signs of potential workplace violence.
- Controlling access to, and freedom of movement within, the workplace by non-employees, including recently discharged employees or persons with whom one of our employee's is having a dispute.
- Providing counseling to employees, supervisors or managers who exhibit behavior that represents strain or pressure which may lead to physical or verbal abuse of co-workers.
- Ensuring all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the aggressor.

- Ensuring worker disciplinary and discharge procedures address the potential for workplace violence.
- Applying crime prevention measures through environmental design and administrative measures including but not limited to:
 - well lighted areas
 - security/controlled access to work area
 - Employees must visibly display employee ID badge at all times while in a Department facility
 - code word recognized by coworkers to indicate you need help
 - visitor sign-in
 - visitor badges
 - well lighted parking lots and area surrounding the building
 - buddy system for walking to car or locations away from the building
 - security cameras
 - bullet resistant glass
 - mounted area mirrors
 - onsite security guards
 - eliminate hiding places in areas surrounding the building, i.e. overgrown shrubs, dark areas
 - panic buttons
 - locks on restroom doors
 - remove sharp objects from view that could be used as a weapon (offices with public access)
 - caller ID on phones
 - field staff check in (cell phones)
 - cash locked in vault

Corrective measures for Type IV workplace security hazards include, but not limited to:

- Communicating effectively our department's workplace violence prevention policy to all employees, supervisors, and managers.

- Improving how well our establishment's management and employees communicate with each other.
- Applying crime prevention measures through environmental design and administrative measures including but not limited to:
 - well lighted areas
 - security/controlled access to work area
 - Employees must visibly display employee ID badge at all times while in a Department facility
 - code word recognized by coworkers to indicate you need help
 - visitor sign-in
 - visitor badges
 - well lighted parking lots and area surrounding the building
 - buddy system for walking to car or locations away from the building
 - security cameras
 - bullet resistant glass
 - mounted area mirrors
 - onsite security guards
 - eliminate hiding places in areas surrounding the building, i.e. overgrown shrubs, dark areas
 - panic buttons
 - locks on restroom doors
 - remove sharp objects from view that could be used as a weapon (offices with public access)
 - caller ID on phones
 - field staff check in (cell phones)
 - cash locked in vault

TRAINING AND INSTRUCTION

The Organization has established the following policy with respect to training all employees on workplace security. All employees, including managers and supervisors, shall have training and instruction on general and job-specific workplace security practices.

Training and instruction shall be provided when the Workplace Violence Prevention Program (WPVPP) is first established and periodically thereafter. Training shall also be provided to all new employees, to other employees for whom training has not previously been provided and to all employees, supervisors, and managers given new job assignments for which specific workplace security training for that job assignment has not previously been provided.

Additional training and instruction will be provided to all personnel whenever the organization is made aware of new or previously unrecognized security hazards.

General workplace security training and instruction includes, but is not limited to, the following:

- Specific WPVPP and crime prevention training for The Organization's Crime/Workplace Violence Prevention Program Administrator to develop and maintain the policies and procedures.
- Explanation of the WPVPP including measures for reporting any violent acts or threats of violence.
- Key Definitions associated with this program.
- How to report violent incidents or concerns to the organization and/or law enforcement without fear of reprisal.
- Recognition of workplace security hazards unique to employee's jobs and the corrective measures the organization has implemented.
- The completion of the Violent Incident Log and how to obtain copies.
- The risk factors associated with the four types of workplace violence.
- Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors.

- Ways to defuse hostile or threatening situations.
- How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for sheltering
- Measures to summon others for assistance.
- Routes of escape.
- Emergency medical care to be provided to a victim of any violent act upon a worker.
- Post-event trauma counseling for those employees desiring such assistance.

RECORDKEEPING

An effective record keeping system helps in selecting the appropriate level of controls to prevent recurrence and in determining required training. Records should be kept up to date and will be maintained in accordance with the following retention schedule:

1. Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained for a minimum of five years.
2. Training records shall be created and maintained for a minimum of one year and include training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions.
3. Violent incident logs required by subdivision (d) shall be maintained for a minimum of five years.
4. Records of workplace violence incident investigations conducted pursuant to subparagraph (K) of paragraph (2) of subdivision (c) shall be maintained for a minimum of five years. These records shall not contain "medical information," as defined in subdivision (j) of Section 56.05 of the Civil Code.
5. All records required by this subdivision shall be made available to the division upon request for examination and copying.
6. All records required by paragraphs (1) to (3), inclusive, shall be made available to employees and their representatives, upon request and without cost, for examination and copying within 15 calendar days of a request

Appendix

- Appendix A - [Workplace Violence Prevention Incident Report Form](#)
- Appendix B - [Post Incident Assessment](#)
- Appendix C – [Workplace Violence Prevention Environmental Hazard Assessment and Control Checklist](#)
- Appendix D - [Workplace Violence Prevention Program Assessment Checklist](#)
- Appendix E – [Workplace Violence Prevention / Security Self Inspection Checklist](#)
- Appendix F - [Employee Resources](#)
- Appendix G - [Workplace Violence Prevention Program Progressive Behavior Action Guidelines](#)

Workplace Violence Prevention Incident Report Form

Part I through Part VI should be completed by the designated person based on information provided by the employee(s) involved in the incident. If any of this information includes private/sensitive data, please maintain confidentiality of affected parties/employees and handle information according to Human Resource protocols.

PART I - NATURE OF INCIDENT - <i>(check all that apply)</i>				
<input type="checkbox"/> Threat	<input type="checkbox"/> Physical with Injury	<input type="checkbox"/> Information Only		
<input type="checkbox"/> Verbal	<input type="checkbox"/> Physical without Injury	<input type="checkbox"/> Electronic		
<input type="checkbox"/> Written	<input type="checkbox"/> Harassment	<input type="checkbox"/> Behavioral Observation		
<input type="checkbox"/> Other				
Date of Incident		Approximate Time:		a.m. / p.m.
PART II - INCIDENT DIRECTED AT:				
Person(s):				
Place:				
Building:				
PART III - INCIDENT INITIATED AT:				
Person(s)				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Classification:			
Worksite:				
PART IV - TYPE/LOCATION INCIDENT OCCURRED				
Section A - Type of Contact				
<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Observation <input type="checkbox"/> Recording <input type="checkbox"/> Electronic Mail				
<input type="checkbox"/> Other				
Was the employee alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section B - Location of Incident				
<input type="checkbox"/> Workplace <input type="checkbox"/> Employee Residence			<input type="checkbox"/> Other	

Section C - Address/Location where incident occurred

Street	City	State	Zip Code

Section D - What Type of Incident was it?

Type I <input type="checkbox"/>	Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
Type II <input type="checkbox"/>	Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
Type III <input type="checkbox"/>	Workplace violence against an employee by a present or former employee, supervisor, or manager.
Type IV <input type="checkbox"/>	Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee.

Were any threats made before the incident occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, describe threat(s):

Were any threats made before the incident occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, describe threat(s):

Did the employee(s) ever report to the department that he/she was threatened, harassed, or suspicious that the attacker may become violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Was the perpetrator a stranger, client/patient, co-worker, or otherwise familiar person?

Was a weapon used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	--

If yes, what type of weapon?

Section E - Injuries

Were there any injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, who was injured? (answer below)

Name:	Phone:
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Injury Description:

Name:	Phone:
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Injury Description:

Name:	Phone:
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Injury Description:

Witnesses(s) to the incident:

Name:	Phone:
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Address:	Street	City	State	Zip Code

Name:	Phone:
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Address:	Street	City	State	Zip Code

Name:	Phone:
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Address:	Street	City	State	Zip Code

PART V - ACTION TAKEN-REPORTING SUPERVISOR

Reporting Supervisor		Date/Time	
Actions Taken:			
Law enforcement or other outside agencies contacted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:			
Case Number, if applicable			
Were Employee Assistance Program services provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:			

PART VI - ADMINISTRATIVE ACTION:

Actions Taken:			
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Post Incident Assessment

Observer		Date	
-----------------	--	-------------	--

#	Assessment	Yes	No
1.	Were there any physical injuries or psychological incidents? If yes, please describe. (below)	<input type="checkbox"/>	<input type="checkbox"/>
Employee/person's name:			
Type of injury			
Type of care provided			
2.	Was the employee(s) alone?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was there a security guard on duty?	<input type="checkbox"/>	<input type="checkbox"/>
4.	If yes, did the security guard respond	<input type="checkbox"/>	<input type="checkbox"/>
5.	What time did the incident occur? <input type="checkbox"/> AM <input type="checkbox"/> PM		
6.	Was the perpetrator a stranger, client/patient, co-worker or otherwise familiar person? (explain below)		
<i>Notes:</i>			
7.	Were any threats made before the incident occurred?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did the worker(s) ever report to the employer that they were threatened, harassed, or suspicious that the attacker may become violent?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, what was the employer's response?</i>			
9.	What type of weapon did the attacker use against the worker? (explain below)		
<i>Notes:</i>			
10.	How did the perpetrator obtain the weapon? (explain below)		
<i>Notes:</i>			
11.	Did the worker(s) ever report to the employer that they were threatened, harassed, or suspicious that the attacker may become violent?	<input type="checkbox"/>	<input type="checkbox"/>

12.	What were the main factors that contributed to the incident? (explain below)		
<i>Notes:</i>			
13.	Was "Critical Incident Stress Debriefing and Post-Trauma Counseling services provided?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, describe:</i>			
14.	What can be done to prevent future incidents? (explain below)		
<i>Notes:</i>			
15.	What can be done to prevent future incidents? (explain below)		
Prevention Measure		Date Completed	

Workplace Violence Incident Log

<p>WPV Violent Incident Log</p>	<p> 2024 - Workplace Violence Log Templ:</p>
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Workplace Violence Prevention Environmental Hazard Assessment and Control Checklist

This checklist can help you or your workplace violence/crime prevention committee to evaluate the workplace and job tasks to see what situations may place employees at risk of assault. It is not confined to a single industry or occupation but can be used for any workplace. Adapt the checklist to fit your own needs. It is very comprehensive and not every question will apply to your workplace, write "N/A" in the NOTES column. Add any other questions you think are important.

Location Name			
Address		Date of Assessment	
Checklist completed by		Phone Number:	

1. RISK FACTORS FOR WORKPLACE VIOLENCE

Cal/OSHA and NIOSH have identified the following risk factors that may contribute to violence in the workplace. If you have one or more of these risk factors in your workplace, there may be a potential for violence.

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Do employees have contact with the public?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they exchange money with the public?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they interact with visitors (such as a front desk receptionist, checkout clerk, service desk, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Do they work with, guard, or transport valuable items like money, jewelry, or other property?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they work alone?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they work late at night or during early morning hours?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the workplace often understaffed?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the workplace located in an area with a high crime rate?	
<input type="checkbox"/>	<input type="checkbox"/>	Do employees enter areas with a high crime rate?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they deliver passengers or goods?	
<input type="checkbox"/>	<input type="checkbox"/>	Do they ever perform duties that could upset people (deny benefits, turn off utilities, collect debts, confiscate property, terminate child custody, etc.)?	

<input type="checkbox"/>	<input type="checkbox"/>	Do they deal with people known or suspected to have a history of violence, special needs, and mental illness?	
<input type="checkbox"/>	<input type="checkbox"/>	Do any employees or supervisors, or clients/customers have a history of assault, verbal abuse, harassment, or other threatening behavior?	

2. INSPECTING WORK AREAS

You or your workplace violence/crime prevention committee should now begin a “walk around” inspection to identify potential security hazards. This inspection can tell you which hazards are already well controlled, and what control measures need to be added. Not all of the following questions can be answered through simple observation. You may also need to talk to employees or investigate in other ways.

Who is responsible for building security?

Are employees told and trained who is responsible for security?

Yes No

WORK AREAS

All Areas	Some Areas	Few Areas	No Areas		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are nametags, ID cards required for employees (omitting personal information such as home address)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are employees notified of past violent acts in the workplace?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there trained security personnel, accessible to employees in a timely manner?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do security personnel have sufficient authority to take all necessary action to ensure employee safety?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there established liaison with the local police department?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are bullet resistant windows or similar barriers used when money is exchanged with the public?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are areas where money is exchanged visible to others who could help in an emergency? (For example, you can see cash register areas from outside)?	

3. INSPECTING EXTERIOR BUILDING AREAS			
YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Do employees feel safe walking to and from the workplace?	
<input type="checkbox"/>	<input type="checkbox"/>	Are the entrances to the building clearly visible from the street?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the area surrounding the building free of bushes or other hiding places?	
<input type="checkbox"/>	<input type="checkbox"/>	Is security personnel provided outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Is video surveillance provided outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there enough lighting to see clearly outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all exterior walkways visible to security personnel?	

4. INSPECTING EXTERIOR BUILDING AREAS			
YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Is there a nearby parking lot reserved for employees only?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the parking lot attended or otherwise secured?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the parking lot free of blind spots and is landscaping trimmed back to prevent hiding places?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there enough lighting to see clearly in the parking lot and when walking to the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Are security escorts or "buddy system" available to employees walking to and from the parking lot?	

5. SECURITY MEASURES				
In Place	Should Add	Doesn't Apply	Does the workplace have:	NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical barriers (plexiglass partitions, bullet resistant customer windows, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security cameras or closed circuit TV in high-risk areas?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panic buttons?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm systems?	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metal detectors?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X-ray machines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door locks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal telephone system to activate emergency assistance?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephones with an outside line programmed for 911?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two-way radios, pagers, or cellular telephones?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security mirrors (e.g. convex mirrors)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured entry (e.g. "buzzers")?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal alarm devices?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Drop safes" to limit amount of cash on hand?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken windows repaired promptly?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security systems, locks, etc. tested on a regular basis and repaired promptly when necessary?	

6. ADDITIONAL COMMENTS OR NOTES

Notes:

Workplace Violence Prevention Program Assessment Checklist

Use this checklist as part of a regular safety and health inspection or audit that is conducted by the Health & Safety, Crime/Workplace Violence Prevention Coordinator, or joint labor/management committee. If a question does not apply to the workplace, then write "N/A" (not applicable) in the note column. Add any other questions that may be appropriate.

Location Name			
Address		Date of Assessment	
Checklist completed by		Phone Number:	

YES	NO		NOTES/FOLLOW-UP ACTION
STAFFING			
<input type="checkbox"/>	<input type="checkbox"/>	Is there someone responsible for building security? If yes, who?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees aware who is responsible for security?	
<input type="checkbox"/>	<input type="checkbox"/>	Is adequate and trained staffing available to protect employees against assaults or other violence?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a "buddy system" for when employees are in potentially dangerous situations?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there trained security personnel accessible to employees in a timely manner?	
<input type="checkbox"/>	<input type="checkbox"/>	Do security personnel have sufficient authority to take all necessary action to ensure employee safety?	
<input type="checkbox"/>	<input type="checkbox"/>	Are security personnel provided outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the parking lot attended or otherwise secure?	
<input type="checkbox"/>	<input type="checkbox"/>	Are security escorts available to walk employees to and from the parking lot?	
TRAINING			
<input type="checkbox"/>	<input type="checkbox"/>	Are employees trained in the emergency response plan (for example, "run, hide, fight," escape routes, notifying the proper authorities)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees trained to report violent incidents or threats?	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Are employees trained in how to deescalate threatening situations?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees trained in personal safety and self-defense?	
FACILITY DESIGN			
<input type="checkbox"/>	<input type="checkbox"/>	Are there enough exits and adequate routes of escape?	
<input type="checkbox"/>	<input type="checkbox"/>	Can exit doors be opened only from the inside to prevent unauthorized entry?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the lighting adequate to see clearly in indoor areas?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there employee-only work areas that are separate from public areas?	
<input type="checkbox"/>	<input type="checkbox"/>	Is access to work areas only through a reception or controlled area?	
<input type="checkbox"/>	<input type="checkbox"/>	Are reception and work areas designed to prevent unauthorized entry?	
<input type="checkbox"/>	<input type="checkbox"/>	Could someone hear if an employee called for help?	
<input type="checkbox"/>	<input type="checkbox"/>	Do areas used for patient or client interviews allow co-employees to observe any problems?	
<input type="checkbox"/>	<input type="checkbox"/>	Are waiting and work areas free of objects that could be used as weapons?	
<input type="checkbox"/>	<input type="checkbox"/>	Are chairs and furniture secured to prevent use as weapons?	
<input type="checkbox"/>	<input type="checkbox"/>	Is furniture in waiting and work areas arranged to prevent employees from becoming trapped?	
<input type="checkbox"/>	<input type="checkbox"/>	Are patient or client areas designed to maximize comfort and minimize stress?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a secure place available for employees to store their personal belongings?	
<input type="checkbox"/>	<input type="checkbox"/>	Are private, locked restrooms available for staff?	
SECURITY MEASURES - Does the Workplace have:			
<input type="checkbox"/>	<input type="checkbox"/>	Physical barriers (Plexiglas partitions, elevated counters to prevent people from jumping over them, bullet resistant customer windows, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Security cameras or closed circuit TV in high- risk areas?	
<input type="checkbox"/>	<input type="checkbox"/>	Panic buttons - (portable or fixed)?	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Alarm systems?	
<input type="checkbox"/>	<input type="checkbox"/>	Metal detectors?	
<input type="checkbox"/>	<input type="checkbox"/>	X-ray machines?	
<input type="checkbox"/>	<input type="checkbox"/>	Door locks?	
<input type="checkbox"/>	<input type="checkbox"/>	Internal phone system to activate emergency assistance?	
<input type="checkbox"/>	<input type="checkbox"/>	Phones with an outside line programmed to call 911?	
<input type="checkbox"/>	<input type="checkbox"/>	Security mirrors (convex mirrors)?	
<input type="checkbox"/>	<input type="checkbox"/>	Secured entry (buzzers)?	
<input type="checkbox"/>	<input type="checkbox"/>	Personal alarm devices?	
OUTSIDE THE FACILITY			
<input type="checkbox"/>	<input type="checkbox"/>	Do employees feel safe walking to and from the workplace?	
<input type="checkbox"/>	<input type="checkbox"/>	Are the entrances to the building clearly visible from the street?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the area surrounding the building free of bushes or other hiding places?	
<input type="checkbox"/>	<input type="checkbox"/>	Is video surveillance provided outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there enough lighting to see clearly outside the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all exterior walkways visible to security personnel?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a nearby parking lot reserved for employees only?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the parking lot free of bushes or other hiding places?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there enough lighting to see clearly in the parking lot and when walking to the building?	
<input type="checkbox"/>	<input type="checkbox"/>	Have neighboring facilities and businesses experienced violence or crime?	
WORKPLACE PROCEDURES			
<input type="checkbox"/>	<input type="checkbox"/>	Is public access to the building controlled?	
<input type="checkbox"/>	<input type="checkbox"/>	Are floor plans posted showing building entrances, exits, and location of security personnel?	
<input type="checkbox"/>	<input type="checkbox"/>	Are these floor plans visible only to staff and not to outsiders?	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Is other emergency information posted, such as telephone numbers?	
<input type="checkbox"/>	<input type="checkbox"/>	Are special security measures taken to protect people who work late at night (escorts, locked entrances, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are visitors or clients escorted to offices for appointments?	
<input type="checkbox"/>	<input type="checkbox"/>	Are authorized visitors to the building required to wear ID badges?	
<input type="checkbox"/>	<input type="checkbox"/>	Are identification tags required for staff (omitting personal information such as the person's last name and social security number)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees notified of past violent acts by particular clients, patients, etc.?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there an established liaison with local police?	
<input type="checkbox"/>	<input type="checkbox"/>	Are patients or clients in waiting areas clearly informed how to use the department's services so they will not become frustrated?	
<input type="checkbox"/>	<input type="checkbox"/>	Are waiting times for patient or client services kept short to prevent frustration?	
<input type="checkbox"/>	<input type="checkbox"/>	Are broken windows and locks repaired promptly?	
<input type="checkbox"/>	<input type="checkbox"/>	Are security devices (locks, cameras, alarms, etc.) tested on a regular basis and repaired promptly when necessary?	
FIELD WORK - Staffing:			
<input type="checkbox"/>	<input type="checkbox"/>	Is there adequate staffing in the field?	
<input type="checkbox"/>	<input type="checkbox"/>	Are escorts or "buddies" provided for people who work in potentially dangerous situations?	
<input type="checkbox"/>	<input type="checkbox"/>	Is assistance provided to employees in the field in a timely manner when requested?	
FIELD WORK - Training:			
<input type="checkbox"/>	<input type="checkbox"/>	Are employees briefed about the area in which they will be working (gang colors, neighborhood culture, language, drug activity, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Can employees effectively communicate with people they meet in the field (same language, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are people who work in the field late at night or early mornings advised about special precautions to take?	

YES	NO		NOTES/FOLLOW-UP ACTION
FIELD WORK - Work Environment:			
<input type="checkbox"/>	<input type="checkbox"/>	Is there enough lighting to see clearly in all areas where employees must go?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there safe places for employees to eat, use the restroom, store valuables, etc.?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there places where employees can go for protection in an emergency?	
<input type="checkbox"/>	<input type="checkbox"/>	Is safe parking readily available for employees in the field?	
FIELD WORK - Security Measures:			
<input type="checkbox"/>	<input type="checkbox"/>	Are employees provided two-way radios, pagers, or cellular phones?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees provided with personal alarm devices or portable panic buttons?	
<input type="checkbox"/>	<input type="checkbox"/>	Are vehicle door and window locks controlled by the driver?	
<input type="checkbox"/>	<input type="checkbox"/>	Are vehicles equipped with physical barriers (Plexiglas partitions, etc.)?	
FIELD WORK - Work Procedures:			
<input type="checkbox"/>	<input type="checkbox"/>	Are employees given maps and good directions covering the areas where they will be working?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees given alternative routes to use in neighborhoods with a high crime rate?	
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy exist to allow employees to refuse service to clients or customers (in the home, etc.) in a hazardous situation?	
<input type="checkbox"/>	<input type="checkbox"/>	Has a liaison with the police been established?	
<input type="checkbox"/>	<input type="checkbox"/>	Do employees avoid carrying unnecessary items that someone could use as a weapon against them?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the employer provide a safe vehicle or other transportation for use in the field?	
<input type="checkbox"/>	<input type="checkbox"/>	Are vehicles used in the field routinely inspected and kept in good working order?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there always someone who knows where each employee is?	
<input type="checkbox"/>	<input type="checkbox"/>	Are nametags required for employees in the field (omitting personal information such as last name and social security number)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees notified of past violent acts by particular clients, patients, etc.?	

YES	NO		NOTES/FOLLOW-UP ACTION
FIELD WORK - Are special precautions taken when employees:			
<input type="checkbox"/>	<input type="checkbox"/>	Perform "enforcement" functions (parking control officers, inspectors, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Have to take something away from people (remove children from the home)	
<input type="checkbox"/>	<input type="checkbox"/>	Have contact with people who behave violently?	
<input type="checkbox"/>	<input type="checkbox"/>	Use vehicles or wear clothing marked with the name of an organization that the public may strongly dislike?	
<input type="checkbox"/>	<input type="checkbox"/>	Perform duties inside people's homes?	
<input type="checkbox"/>	<input type="checkbox"/>	Have contact with dangerous animals (dogs, etc.)?	

ADDITIONAL COMMENTS OR NOTES
Notes:

Workplace Violence Prevention / Security Self Inspection Checklist

Location Name			
Address		Date of Assessment	
Checklist completed by		Phone Number:	

YES	NO		NOTES/FOLLOW-UP ACTION
SECURITY CONTROL PLAN			
<input type="checkbox"/>	<input type="checkbox"/>	Is a plan available? If so, answer the questions below:	
<input type="checkbox"/>	<input type="checkbox"/>	(A) Policy Statement	
<input type="checkbox"/>	<input type="checkbox"/>	(B) Review of Employee Incident Exposure	
<input type="checkbox"/>	<input type="checkbox"/>	(C) Methods of Control If yes, does it include (below):	
<input type="checkbox"/>	<input type="checkbox"/>	a. Engineering	
<input type="checkbox"/>	<input type="checkbox"/>	b. Work Practice	
<input type="checkbox"/>	<input type="checkbox"/>	c. Training	
<input type="checkbox"/>	<input type="checkbox"/>	d. Reporting Procedures	
<input type="checkbox"/>	<input type="checkbox"/>	e. Recordkeeping	
<input type="checkbox"/>	<input type="checkbox"/>	f. Counseling (EAP)	
<input type="checkbox"/>	<input type="checkbox"/>	(D) Evaluation of Incidents	
<input type="checkbox"/>	<input type="checkbox"/>	(E) Floor Plan	
<input type="checkbox"/>	<input type="checkbox"/>	(F) Protection of Assets	
<input type="checkbox"/>	<input type="checkbox"/>	(G) Computer/Network Security	
<input type="checkbox"/>	<input type="checkbox"/>	(H) Plan Accessible to All Employees	
<input type="checkbox"/>	<input type="checkbox"/>	(I) Plan Reviewed and Updated Annually	
<input type="checkbox"/>	<input type="checkbox"/>	(J) Plan Reviewed and Updated When Tasks Added or Changed	
<input type="checkbox"/>	<input type="checkbox"/>	Work Areas Evaluated by Employer If yes, how often?	
<i>Additional comments or notes</i>			

YES	NO		NOTES/FOLLOW-UP ACTION
ENGINEERING CONTROLS			
<input type="checkbox"/>	<input type="checkbox"/>	If yes, does it include (below):	
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors to see around corners and in blind spots	
<input type="checkbox"/>	<input type="checkbox"/>	Landscaping to provide unobstructed view of the workplace	
<input type="checkbox"/>	<input type="checkbox"/>	"Fishbowl effect" to allow unobstructed view of the interior	
<input type="checkbox"/>	<input type="checkbox"/>	Limiting the posting of sale signs on windows	
<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting in and around the workplace	
<input type="checkbox"/>	<input type="checkbox"/>	Parking lot well lighted	
<input type="checkbox"/>	<input type="checkbox"/>	Door Control(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Panic Button(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Door Detector(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Closed Circuit TV	
<input type="checkbox"/>	<input type="checkbox"/>	Stationary Metal Detector	
<input type="checkbox"/>	<input type="checkbox"/>	Sound Detection	
<input type="checkbox"/>	<input type="checkbox"/>	Intrusion Detection System	
<input type="checkbox"/>	<input type="checkbox"/>	Intrusion Panel	
<input type="checkbox"/>	<input type="checkbox"/>	Monitor(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Video Tape Recorder	
<input type="checkbox"/>	<input type="checkbox"/>	Switcher	
<input type="checkbox"/>	<input type="checkbox"/>	Hand Held Metal Detector	
<input type="checkbox"/>	<input type="checkbox"/>	Hand held video camera	
<input type="checkbox"/>	<input type="checkbox"/>	Personnel traps ("Sally Traps")	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
<i>Additional comments or notes</i>			
STRUCTURAL MODIFICATIONS			
<i>Examples: Plexiglas, glass guard, wire glass, partitions, etc.</i>			
<input type="checkbox"/>	<input type="checkbox"/>	If yes, comment (below):	

YES	NO		NOTES/FOLLOW-UP ACTION
SECURITY GUARDS			
<input type="checkbox"/>	<input type="checkbox"/>	If yes, are there an appropriate number for the site?	
<input type="checkbox"/>	<input type="checkbox"/>	Are they knowledgeable of the WPVP Policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Indicate if they are: Contract Guards or In-House Employees	
<input type="checkbox"/>	<input type="checkbox"/>	Are they located at Entrance(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Do they conduct building Patrol	
<input type="checkbox"/>	<input type="checkbox"/>	Guards provided with communication? If yes, indicate what type:	
<input type="checkbox"/>	<input type="checkbox"/>	Guards receive training on Workplace Violence situations?	
<i>Additional comments or notes</i>			
WORK PRACTICE CONTROLS			
<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate:	
<input type="checkbox"/>	<input type="checkbox"/>	Desks Clear of Objects which may become projectiles	
<input type="checkbox"/>	<input type="checkbox"/>	Unobstructed Office Exits	
<input type="checkbox"/>	<input type="checkbox"/>	Vacant (Bare) Cubicles Available	
<input type="checkbox"/>	<input type="checkbox"/>	Reception Area Available	
<input type="checkbox"/>	<input type="checkbox"/>	Visitor/Client Sign In/Out	
<input type="checkbox"/>	<input type="checkbox"/>	Visitor(s)/Client(s) Escorted	
<input type="checkbox"/>	<input type="checkbox"/>	Barriers to Separate Clients from Work Area	
<input type="checkbox"/>	<input type="checkbox"/>	One Entrance Used	
<input type="checkbox"/>	<input type="checkbox"/>	Separate Interview Area(s)	
<input type="checkbox"/>	<input type="checkbox"/>	I.D. Badges Used	
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Numbers Posted By Phones	
<input type="checkbox"/>	<input type="checkbox"/>	Internal Phone System	
<input type="checkbox"/>	<input type="checkbox"/>	Internal Procedures for Conflict (Problem) Situations	
<input type="checkbox"/>	<input type="checkbox"/>	Procedures for employee dismissal	
<input type="checkbox"/>	<input type="checkbox"/>	Limit Spouse & Family Visits to Designated Areas	
<input type="checkbox"/>	<input type="checkbox"/>	Key Control Procedures	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Access Control to the Workplace	
<input type="checkbox"/>	<input type="checkbox"/>	Objects which may become Missiles Removed from Area	
<input type="checkbox"/>	<input type="checkbox"/>	Parking Prohibited in Fire Zones	

Additional comments or notes

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.

<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate:	
<input type="checkbox"/>	<input type="checkbox"/>	Desks Clear of Objects which may become projectiles	
<input type="checkbox"/>	<input type="checkbox"/>	Trained in hazardous situation avoidance	
<input type="checkbox"/>	<input type="checkbox"/>	Briefed about areas where they work	
<input type="checkbox"/>	<input type="checkbox"/>	Have reviewed past incidents by type and area	
<input type="checkbox"/>	<input type="checkbox"/>	Know directions and routes for day's schedule	
<input type="checkbox"/>	<input type="checkbox"/>	Previewed client/case histories	
<input type="checkbox"/>	<input type="checkbox"/>	Left an itinerary with contact information	
<input type="checkbox"/>	<input type="checkbox"/>	Have periodic check-in procedures	
<input type="checkbox"/>	<input type="checkbox"/>	After hours contact procedures	
<input type="checkbox"/>	<input type="checkbox"/>	Partnering arrangements if deemed necessary	
<input type="checkbox"/>	<input type="checkbox"/>	Know how to control/defuse potentially violent situations	
<input type="checkbox"/>	<input type="checkbox"/>	Supplied with personal alarm/cellular phone/radio	
<input type="checkbox"/>	<input type="checkbox"/>	Limit visible clues of carrying money/valuables	
<input type="checkbox"/>	<input type="checkbox"/>	Carry forms to record incidents by area	
<input type="checkbox"/>	<input type="checkbox"/>	Know procedures if involved in incident (see also Training Section)	

Additional comments or notes

TRAINING

<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate:	
<input type="checkbox"/>	<input type="checkbox"/>	Written Training Records Kept	
<input type="checkbox"/>	<input type="checkbox"/>	Prior to Initial Assignment	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	At Least Annually	
<input type="checkbox"/>	<input type="checkbox"/>	Does it Include:	
<input type="checkbox"/>	<input type="checkbox"/>	(A) Components of security control plan	
<input type="checkbox"/>	<input type="checkbox"/>	(B) Engineering and Workplace Controls Instituted at (C) Workplace	
<input type="checkbox"/>	<input type="checkbox"/>	(D) Techniques to Use in Potentially Volatile Situations	
<input type="checkbox"/>	<input type="checkbox"/>	(E) How to Anticipate/Read Behavior	
<input type="checkbox"/>	<input type="checkbox"/>	(F) Procedures to Follow After an Incident	
<input type="checkbox"/>	<input type="checkbox"/>	(G) Periodic Refresher for On-Site Procedures	
<input type="checkbox"/>	<input type="checkbox"/>	(H) Recognizing Abuse/Paraphernalia	
<input type="checkbox"/>	<input type="checkbox"/>	(I) Opportunity for Q and A with Instructor	
<input type="checkbox"/>	<input type="checkbox"/>	(J) On hazards unique to job tasks	

Additional comments or notes

INCIDENTS

<input type="checkbox"/>	<input type="checkbox"/>	Are Incidents Reported If yes, indicate:	
<input type="checkbox"/>	<input type="checkbox"/>	Reported in Written Form	
<input type="checkbox"/>	<input type="checkbox"/>	First Report of Injury Form (If Employee Loses Time)	
<input type="checkbox"/>	<input type="checkbox"/>	Incidents Evaluated	
<input type="checkbox"/>	<input type="checkbox"/>	Employee Assistance Program (EAP) Counseling Offered	
<input type="checkbox"/>	<input type="checkbox"/>	Other Action (Reporting Requirements, suggestions, reporting to local authorities, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Are steps taken to prevent recurrence?	

Additional comments or notes

GENERAL SECURITY AND SAFETY

<input type="checkbox"/>	<input type="checkbox"/>	Floor Plans Posted Showing Exits, Entrances, Location of Security Equipment, Etc.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there an Emergency Action Plan, Evacuation Plan, and/or a Disaster Contingency Plan? If so, indicate:	
<input type="checkbox"/>	<input type="checkbox"/>	(A) Reviewed yearly	
<input type="checkbox"/>	<input type="checkbox"/>	(B) Shared with employees for input	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	(C) Employees trained on procedures and scenarios	
<input type="checkbox"/>	<input type="checkbox"/>	(D) Have conducted table top exercises to determine effectiveness	
<input type="checkbox"/>	<input type="checkbox"/>	Do Employees Feel Safe	
<input type="checkbox"/>	<input type="checkbox"/>	Have employees been surveyed to find out their concerns	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employer utilized the crime prevention services and/or lectures provided by the local or State police?	

Additional comments or notes

WALKTHROUGH DEFICIENCY OBSERVATIONS

YES in this section indicates item is available or good condition, NO indicates no available or in need of repair or enhancement

<input type="checkbox"/>	<input type="checkbox"/>	Entry Barriers	
<input type="checkbox"/>	<input type="checkbox"/>	Signs	
<input type="checkbox"/>	<input type="checkbox"/>	Lighting	
<input type="checkbox"/>	<input type="checkbox"/>	Windows	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Near Street Level Windows	
<input type="checkbox"/>	<input type="checkbox"/>	Interior Patrol Visibility	
<input type="checkbox"/>	<input type="checkbox"/>	Burglary Resistant Glazing Materials	
<input type="checkbox"/>	<input type="checkbox"/>	Shrubbery	
<input type="checkbox"/>	<input type="checkbox"/>	Skylights	
<input type="checkbox"/>	<input type="checkbox"/>	Vents	
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioners	
<input type="checkbox"/>	<input type="checkbox"/>	Grills and Gratings	
<input type="checkbox"/>	<input type="checkbox"/>	Doors and Door Frames	
<input type="checkbox"/>	<input type="checkbox"/>	Strikes	
<input type="checkbox"/>	<input type="checkbox"/>	Key Control	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Locks	
<input type="checkbox"/>	<input type="checkbox"/>	Hinge Protection	
<input type="checkbox"/>	<input type="checkbox"/>	Roof Accessibility	
<input type="checkbox"/>	<input type="checkbox"/>	Fences	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Security	
<input type="checkbox"/>	<input type="checkbox"/>	Padlocks	
<input type="checkbox"/>	<input type="checkbox"/>	Hasps	

YES	NO		NOTES/FOLLOW-UP ACTION
<input type="checkbox"/>	<input type="checkbox"/>	Chains	
<input type="checkbox"/>	<input type="checkbox"/>	Safes	
<input type="checkbox"/>	<input type="checkbox"/>	Inventories and Engraving	
<input type="checkbox"/>	<input type="checkbox"/>	Reporting Crimes	
<input type="checkbox"/>	<input type="checkbox"/>	Employee Participation	
<input type="checkbox"/>	<input type="checkbox"/>	Additional Recommendations	
<input type="checkbox"/>	<input type="checkbox"/>	Armored Car Service	
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Preparedness and Evacuation Plan	
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with Difficult Customers	
<input type="checkbox"/>	<input type="checkbox"/>	Alarm System	
<input type="checkbox"/>	<input type="checkbox"/>	Cash Handling	
<i>Additional comments or notes</i>			

Items Needing Improvement

Area	Follow-up Item	Plans for Improvement	
Additional Comments:			
Reviewed By:		Date:	

Employee Resources

- There are several places people can turn for help when they have, in some way, been involved with workplace violence. The following suggestions are provided as a starting point.
- Employee Assistance Program (EAP): information is available at <https://my.ggu.edu/media/employee/documents/human-resources/eap-flyer.pdf>
- Support Group: Sometimes talking with others who have shared the same experience is helpful in the healing process. If this is the case, consider joining a local support group. (For more information contact your county social services office.)

Workplace Violence Prevention Program Progressive Behavior Action Guidelines

Behavior Level	Behaviors	Manager/Supervisor's Guidelines for Action
Level I	The employee may:	
	Show signs of increasing stress, perhaps involving negative changes in behavior	Observe, ask if the employee how they are doing, and document
	Show signs of a deterioration in work performance	Engage employee in conversation to gain insight into behavior, document
	Show signs of increasingly unkempt appearance	Carefully offer help
	Show signs of alcohol or substance abuse	Report concerns, if continuing, to next higher-level supervisor, seek consultation from your HR Team and EAP consulting services for managers/supervisors.
	Show signs of distress over personal or workplace problems	
	"act strange" or "unusual" by appearing confrontational, argumentative, stressed, anxious, withdrawn or secretive	
	Behavior is such to cause concern for person's own well-being or possibly others	
Level II	The employee may:	
	Make veiled threats to harm	Report concerns to next higher-level supervisor before any effort to engage person
	Intimidate others	Engage person in conversation, if appropriate, to gain insight into potential for violent behavior and document.
	Have a history of violent behavior and lose temper easily	
	Be chronically disgruntled, inflexible	Consult with next higher level of administration as follow-up
	Refuse to take responsibility for problems or actions	Seek consultation from your Personnel Office
	Find fault with and blame others	
	Have a deep sense of entitlement	

Behavior Level	Behaviors	Manager/Supervisor's Guidelines for Action
	Have an obsession with weapons and empathy with those who resort to violence	
Level III	The employee may:	
	Make blatant threats to harm others and/or destroy property	Warn those who may be in immediate danger
	Carry a weapon on campus	Immediately report behavior to next higher-level authority and press for quick intervention
	Engage in aggressive behavior such as verbal abuse, physical "in your face" posturing	If employee is present and seriously acting- out, call 9-1-1 and ask for assistance
Level IV	The employee may:	
	Is violent toward others or property Displays overt acts of violence or out-of- control behavior	Call 9-1-1 for immediate assistance. Attempt to get others out of harms' way.
	May or may not use a weapon or cause death	Inform next higher-level authority.