

Appendix A – Workplace Violence Hazard Assessment Form

Department: _____ **Location:** _____

Date: _____ **Type:** ☐ Policy & Plan Initial ☐ Annual Review
(check one) ☐ Post Event/Incident **Other:** _____

Assessed By:

Print Name(s) _____

Instructions

This form is intended to identify job-specific workplace violence hazards and the implemented controls and corrective actions. This completed document can be used as a training tailgate for all employees assigned to the specific job or facility. Training completion should be documented on page 2 and on a training roster, with record maintained by the department. Training is intended to supplement the general workplace violence prevention training provided by the County.

[illegible]

Employee Training

Discussed	Topic
<input type="checkbox"/>	The job-specific workplace violence hazards, controls, and corrective actions identified on Page 1
<input type="checkbox"/>	How to seek help during a violent incident or threat
<input type="checkbox"/>	How to call security or law enforcement
<input type="checkbox"/>	Alerts and alarms that will notify employees of workplace violence incidents
<input type="checkbox"/>	Good housekeeping of workspaces – Closing doors, securing loose items, furniture, etc.
<input type="checkbox"/>	Secured areas in the workplace to seek shelters during an emergency or active threat
<input type="checkbox"/>	Emergency Response Plan for the facility (e.g., where it can be found, emergency policies, evacuation routes, and maps)
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
Employee feedback on the information covered:	

Routing:

- ☐ Department Manager/Supervisor
- ☐ Department HR Professional
- ☐ Risk Management