

Workplace Violence Prevention Risk Evaluation

Summary Report Form

1. Agency/Facility: _____

2. Members of the Committee that completed this assessment:

_____	_____
_____	_____
_____	_____
_____	_____

3. Date(s) of assessment: _____

4. Report date: _____

5. Indicate all data reviewed by the Committee:

- a) Relevant policies _____
- b) Injury /incident data (list all sources)
 - workplace violence incident log _____
 - SH-900 Log _____
 - Workers' Compensation data _____
 - Other data (specify: restraints, unusual incidents, etc) _____
- c) Physical plant assessments (include copy of risk assessment form) _____
- d) Staff questionnaire survey _____
- e) Focus groups _____
- f) Other (list) _____

6. Summarize key findings (use attachment, as necessary):

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7. List recommendations by following categories (use attachment, as necessary):
(Consider cost and other feasibility, significance of the risk factor that it addresses, etc. Long term items may require research, budget appropriations or high-level approvals)

a) Immediate: (within 60 days)

b) Intermediate (60-90 days):

c) Long Term (more than 90 days):

NOTE: Keep a copy of all workplace violence risk evaluation and determination reports and related documentation on file locally and send a copy of the summary report per the WVP Policy and Program instructions.