

WORPLACE VIOLENCE INVESTIGATION REPORT

PART A: NOTIFICATION

Nature of Hazard, Injury or Illness:		APP#:	
Date Investigation Report completed:	Date/Time of Incident:	Date/Time Reported to Supervisor:	
Employees Name & ID#:	Supervisor/Manager:	Witness 1:	Witness 2:
Was the incident reported to SAFE within 24 hrs? <input type="checkbox"/> No(provide reason for delay) <input type="checkbox"/> Yes			
Location of Incident:		Occupation:	Date/Time Contacted SAFE:
PPE Worn at Time of Incident:		Training Required for Task:	
Security Assist Required (non-emergency) Yes <input type="checkbox"/> No <input type="checkbox"/>		Code White Activated (emergency) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of Incident: (check all that apply)		Alleged Aggressor:	
<input type="checkbox"/> Intimidation <input type="checkbox"/> Kick <input type="checkbox"/> Grab <input type="checkbox"/> Threat <input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Punch <input type="checkbox"/> Hair Pull <input type="checkbox"/> Pinch <input type="checkbox"/> Push/Pull <input type="checkbox"/> Slap <input type="checkbox"/> Spit <input type="checkbox"/> Bodily Fluids <input type="checkbox"/> Moving Object <input type="checkbox"/> Other		Repeat Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		#of Staff Involved:	
		#Incidents on Shift with Aggressor:	
		Weapons: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART B: IDENTIFIED CAUSE

Root Causes

<input type="checkbox"/> Management Commitment & Administration <input type="checkbox"/> Hazard Identification <input type="checkbox"/> Safe Work Practices and/or Procedures <input type="checkbox"/> Inadequate Previous Incident Investigation <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Emergency Preparedness and Response <input type="checkbox"/> Worker Knowledge & Skill Training <input type="checkbox"/> Personal Protective Equipment (PPE) <input type="checkbox"/> Personal or Group Communications
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All Causes

Unsafe Behaviors: <input type="checkbox"/> Failure to Wear Proper PPE <input type="checkbox"/> Unsafe Position or Posture <input type="checkbox"/> Failure to Communicate/Coordinate <input type="checkbox"/> Failure to identify the Hazard <input type="checkbox"/> Failure to comply with Hazard Controls <input type="checkbox"/> Rushing <input type="checkbox"/> Other (specify):	Unsafe Conditions: <input type="checkbox"/> Inadequate or Improper Protective Equipment <input type="checkbox"/> Other (specify) <input type="checkbox"/> Patient Care Plan
Personal Factors: <input type="checkbox"/> Inadequate Physical Capability <input type="checkbox"/> Inadequate Mental Capability <input type="checkbox"/> Physical Stress <input type="checkbox"/> Improper Motivation <input type="checkbox"/> Mental Stress <input type="checkbox"/> Other (specify):	Job Factors: <input type="checkbox"/> Inadequate Leadership or Supervision <input type="checkbox"/> Inadequate Work Standards <input type="checkbox"/> Other (specify):

PART C: CORRECTIVE ACTIONS

Corrective Actions (Root-cause must be identified and corrected to prevent a re-occurrence. Remember to keep asking 'why' something happened to determine root-cause. Refer to incident cause table on the Steps to Complete the Incident Investigation Report Form). If you require more space for Corrective Actions please attach a separate sheet with the information

Corrective Action: ensure all corrective actions address the causes identified above.	Person Responsible:	Target or Completion Date:

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Comments:

PART D: REVIEW AND APPROVAL

Incident Investigator: (Print)	Date:	Signature:
Affected Employee(s): (Print)	Date:	Employee Signature:
Reviewed by Manager	Date:	Signature:

PART E: DISTRIBUTION

This Incident Investigation Report must be provided to all of the following and confirm it has been provided by checking each box:

Manager/Director <input type="checkbox"/>	SAFE (fax to 461-8073) <input type="checkbox"/>	Applicable JOHSC <input type="checkbox"/>	Affected Employee <input type="checkbox"/>
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