

Appendix B

Violence Incident Report Forms

Sample 1

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence. (Sample/Draft—Adapt to your own location and business circumstances.)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident (Map/sketch on reverse side or attached): _____

From: _____ Phone: _____ Time of Incident: _____

Nature of the Incident ("X" all applicable boxes):

Assaults or Violent Acts: _____ Type "1" _____ Type "2" _____ Type "3" _____ Other

Preventative or Warning Report

Bomb or Terrorist Type Threat Yes No

Transportation Accident Contacts with Objects or Equipment

Falls Exposures Fires or Explosions Other

Legal Counsel Advised of Incident? Yes No EAP Advised? Yes No

Warning or Preventative Measures? Yes No

Number of Persons Affected: _____

(For each person, complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of Affected Person(s): _____ Service Date: _____

Position: _____ Member of Labor Organization? Yes No

Supervisor: _____ Has Supervisor Been Notified? Yes No

Family: _____ Has Been Notified by: _____? Yes No

Lost Work Time? Yes No Anticipated Return to Work: _____

Third parties or non-employee involvement (include contractor and lease employees, visitors, vendors, customers)? Yes No

Nature of the Incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details; (4) equipment/weapon details; (5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol? (were tests taken to verify same?); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.).

Previous or Related Incidents of This Type? Yes No

Or by This Person? Yes No Preventative Steps? Yes No

OSHA Log or Other OSHA Action Required? Yes No

Incident Response Team: _____

Team Leader: _____

Signature

Date

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