

# WORKPLACE VIOLENCE PREVENTION PLAN (WVPP)



PROFESSIONALLY FOUND  
PROFESSIONALLY RECOVERED

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PLAN PREPARED BY

A handwritten signature in black ink that reads "Dan J. Deller".

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## **AUTHORITY AND SCOPE**

### **Authority**

California Senate Bill (SB) No. 553 and California Labor Code 6401.9

### **Scope**

All employees of PRO Found Recovery Solutions Inc and other personnel doing business on PRO Found Recovery Solutions Inc property

## **POLICY STATEMENT**

PRO Found Recovery Solutions Inc is concerned about and committed to our employees' safety and health. We have a policy of zero tolerance for violence in the workplace and will make every effort to prevent violent incidents from occurring through implementation of this Workplace Violence Prevention Plan (Plan), which has been incorporated into our Injury and Illness Prevention Program (IIPP). PRO Found Recovery Solutions Inc will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.

All employees, supervisors, and the Plan Administrator are responsible for implementing and maintaining this Plan. Employees are responsible for being actively involved in the design, implementation, and periodic revision of this Plan. PRO Found Recovery Solutions Inc requires prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

Procedures are in place for accepting reports of workplace violence from employees. Employees reporting violent activity will do so without fear of retaliation.

A copy of this Plan is readily available to all employees and supervisors from the Plan Administrator.

Our program ensures all employees, including supervisors, adhere to work practices that are designed to make the workplace more secure and do not engage in verbal threats or physical actions that create a security hazard for others in the workplace.

The management of our establishment is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Supervisors are expected to enforce the rules fairly and uniformly.

## PLAN ADMINISTRATION

Table 1 provides the roles and contact information for the administration of the California Workplace Violence Prevention Plan.

**Table 1: Personnel Contact Information**

| Function  | Name/Title     | Contact Information                                 |
|---|----------------|---|
| Plan Administrator / Site Manager / HR / Safety | Michele Connor | Work phone: 916-283-9849<br>Cellphone: 916-712-3180 |

### Plan Administrator

The Plan Administrator is responsible for completing and updating the Workplace Violence Prevention Plan as required and ensuring that the Plan is accessible to all PRO Found Recovery Solutions Inc personnel. In addition, the Plan Administrator ensures that:

- Procedures are in place to ensure that supervisory and nonsupervisory employees comply with the Plan.
- A thorough workplace violence hazard assessment has been completed, and employees are actively involved in the hazard assessment process.
- Procedures are in place to correct workplace violence hazards in the facility.
- Assistance from appropriate law enforcement is available during all work shifts.
- Procedures are in place for documenting and communicating workplace violence matters to employees.
- Employees and supervisors are trained and are actively involved in developing the training as required under the regulation.
- Employees whose safety performance is deficient with the Plan are retrained.
- Other employers whose employees work at our facility are trained.
- Employees who demonstrate safe work practices that promote the Plan in the workplace are recognized.
- Employees who fail to comply with the Plan are disciplined.
- The violent incident log is maintained for every workplace violence incident.
- Procedures are in place for incident response and investigation.
- All reportable incidents, per California Occupational Safety and Health Administration (Cal/OSHA) regulations, are reported to Cal/OSHA as required.
- All necessary records are retained.

### Supervisor

Supervisors:

- Communicate employee safety concerns to the Plan Administrator.
- Assist with preparation, review, and update of the hazard assessments.
- Implement and enforce applicable provisions of the Workplace Violence Prevention Plan.
- Be ready to defuse and/or respond to potential workplace violence situations.

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- Communicate the occurrence of all workplace violence incidents to the Program Administrator.
- Assist with the completion of the Violent Incident Log when needed.
- Communicate with the Plan Administrator regarding employee performance in complying with the Workplace Violence Prevention Plan.

### **Employees**

Employees must:

- Be actively involved in the design, implementation, and periodic revision of this Plan.
- Conduct themselves in a way that will contribute to an environment that is free of violence, intimidation, and threat.
- Report all incidents of workplace violence to a supervisor or the Plan Administrator.
- Take all threats seriously and be ready to defuse and/or respond to potential workplace violence situations.
- Attend all employee training sessions upon initial employment and as required.
- Be familiar with all PRO Found Recovery Solutions Inc policies that may mitigate the potential for workplace violence.
- Be familiar with PRO Found Recovery Solutions Inc policies for evacuation and sheltering in place.

## **PLAN REVIEW AND UPDATE**

This Plan will be reviewed annually and:

- Whenever workplace policies of PRO Found Recovery Solutions Inc change;
- Whenever regulations or regulatory agency policies change;
- After a workplace violence incident; *or*
- When it can be demonstrated that the Plan is not effective.

Employees will be involved during the review and update and input received by:

- Make Suggestions to Supervisors
- Make Suggestions to HR Manager

Any necessary updates to the Plan resulting from a Plan review will be made by the Plan Administrator.

## **PLAN ACCESS**

The Plan is located Online and is accessible to employees and employee representatives at all times. Access to the Plan is also available by contacting the Plan Administrator.

## DEFINITIONS

*Emergency:* An unanticipated circumstance that can be life-threatening or pose a risk of significant injuries to the patient, staff, or public, requiring immediate action.

*Engineering controls:* 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.

*First aid:* Onetime treatment and follow-up for observation of minor injuries, including cuts, abrasions, bruises, first-degree burns, sprains, and splinters. It includes using nonprescription medications at nonprescription strength; cleaning, flushing, or soaking wounds on the skin surface; and using wound coverings such as bandages, Band-Aids, and gauze pads.

*Threat of violence:* 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.

*Work practice controls:* Procedures, rules, and staffing that are used to effectively reduce workplace violence hazards.

*Workplace violence:* Any act of violence or threat of violence that occurs in a place of employment that includes, but is not limited to, the following:

- 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.
- An incident involving a threat or use of a firearm or another dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- The following four workplace violence types:
  - Type 1 violence: 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 2 violence: Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors;
  - Type 3 violence: Workplace violence against an employee by a present or former employee, supervisor, or manager; *and*
  - Type 4 violence: Workplace violence committed in the workplace by someone who does not work there but has or is known to have had a personal relationship with an employee.

Workplace violence does not include lawful acts of self-defense or the defense of others.



## **HAZARD ASSESSMENT**

The Plan Administrator, in conjunction with the supervisors, will periodically conduct a workplace violence hazard assessment for each work area. The hazard assessment will include a review of records and a workplace security analysis to identify workplace violence risk factors.

The workplace violence hazard assessment must be conducted when the Plan is established and it is reviewed and updated annually or sooner if needed and:

- After each workplace violence incident, *and*
- Whenever the employer is made aware of a new or previously unrecognized hazard.

### **Records review**

As part of the hazard assessment, the following types of records will be reviewed to help identify workplace violence risk factors at:

- OSHA illness and injury logs and incident reports for the most recent 3 years
- Violence incident log entries
- Documented reports of criminal or other violent incident trends in the industry or community
- Insurance records
- Police reports for incidents on-site
- Accident investigations
- Training records
- Grievances
- Other relevant records or information

### **Workplace security analysis**

The workplace will be inspected and the work tasks of all employees evaluated to determine the presence of hazards, conditions, operations, and other situations that might place employees at risk of occupational assault and other violent incidents.

As part of the workplace security analysis, employee involvement and input is necessary and will be collected to identify the potential for violent incidents and to identify the need for improved security measures.

Employees will be involved during the review and update and input received by:

- Make Suggestions to Supervisors
- Make Suggestions to HR Manager

### **Employee safety concerns**

Employees are encouraged to report to their supervisors or the Plan Administrator, at any time, any situations in which they feel unsafe or any circumstances they feel may have the potential for

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violent incidents. No employee will be subjected to reprisal, retaliation, or disciplinary action for such reports.

**Workplace Violence Risk Factors**

The following are the risk factors for workplace violence identified in the most recent hazard assessment. See Attachment 5 —Workplace Violence Hazard Assessment for the most recent hazard assessment.

**Table 2: Risk Factors**

| Risk Factor | Job Title Affected | Potential Violent Act or Condition |
|-------------|--------------------|------------------------------------|
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |
|             |                    |                                    |

**WORK PRACTICES AND PROCEDURES**

PRO Found Recovery Solutions Inc has implemented a combination of appropriate engineering and administrative controls and work practices to reduce the risk of workplace violence and injury to employees. Controls and work practices will be reviewed and updated by the Plan Administrator as necessary:

- Each time the hazard assessment is reviewed and updated, *and*
- In response to employee concerns or a workplace violence incident.

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**Engineering Controls**

Table 3 contains the list of engineering controls that have been installed in the designated work areas to reduce or eliminate the risk factors for workplace violence identified in the workplace violence hazard assessment.

**Table 3: Engineering Controls**

| Risk Factor | Work Area | Control | Control Procedure |
|-------------|-----------|---------|-------------------|
|             |           |         |                   |
|             |           |         |                   |
|             |           |         |                   |
|             |           |         |                   |

**Administrative Controls and Work Practices**

PRO Found Recovery Solutions Inc has instituted the following administrative controls and workplace violence control practices to reduce or eliminate the risk factors for workplace violence identified in the workplace violence hazard assessment.

Controls will be implemented such as:

- Regularly scheduled meetings to address security issues
- Potential workplace violence issues
- Policies on keeping cash on hand
- Keeping doors locked
- Exiting the building after dark
- Workplace violence training

**INCIDENT RESPONSE**

It is the responsibility of all employees and other personnel conducting business on PRO Found Recovery Solutions Inc property to conduct themselves in a way that will contribute to an environment that is free of violence, intimidation, and threat. No one will be subjected to reprisal, retaliation, or disciplinary action for reporting acts pursuant to these guidelines.

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### **Initial Response Procedure**

Employees noticing any signs of potential workplace violence will take immediate steps to defuse the situation or will notify a supervisor. The employee or supervisor will:

- Remain calm and continue to speak in a moderate tone of voice.
- Show respect to people even when they become upset.
- Focus on the problem by asking for details about the situation and going over possible solutions.
- Alert a coworker or colleague with a prearranged danger signal if it is believed the person may become violent or the situation generates a sense of fear for personal safety or the safety of others. The coworker or colleague will immediately report to security and/or the police.

In the event of a workplace violence incident, all employees will be alerted of the presence, location, and nature of the workplace violence incident.

Employees will be notified and alerted by any one or a few of these means:

- Phone Call
- Email

Under certain circumstances, employees may be directed to either evacuate or shelter in place.

### **Response Procedure for Injured Person(s)**

In the event of a workplace violence incident that results in one or more persons being injured:

- Anyone involved in a violent attack or who witnesses an attack resulting in an injury that requires more than first aid will contact emergency services.
- Injured persons will receive prompt and appropriate medical care. The injured will be transported to medical care facilities.
- The incident will be reported to police and other authorities as required by law.
- The area where the violent actions occurred will be secured to protect evidence and minimize any disturbance during the post-incident response process.
- The Violent Incident Log will be prepared.
- Injured persons, witnesses to the incident, and other affected employees will be provided psychological assistance and counseling to reduce trauma and stress.

### **Incident Reporting**

Employees must report all workplace violence incidents and potential workplace violence incidents to a supervisor as soon as possible. The supervisor will inform the Plan Administrator.

The Plan Administrator will ensure any Cal/OSHA recordable incident is recorded and reported as required by Cal/OSHA regulations.

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## **Incident Investigation**

After each workplace violence incident, the Plan Administrator will investigate the incident using appropriate incident investigation techniques and best practices.

The Plan Administrator will prepare a written evaluation report of the incident and will make recommendations to prevent similar incidents from occurring, including revisions to the Plan.

The Plan Administrator will inform all employees of the corrective actions taken as a result of the incident investigation.

Results of incident investigations and corrective actions will be communicated to employees by:

- Meetings
- Emails

## **Violent Incident Log**

For each incidence of violence in the workplace, a supervisor or the Plan Administrator will complete the Violent Incident Log, which must include the following information:

- Date, time, and location of the incident;
- Workplace violence type(s) (i.e., Type 1 violence, Type 2 violence, Type 3 violence, or Type 4 violence. See **Definitions** for a description of each type.);
- Detailed description of the incident;
- Classification of who committed the violence (e.g., client, customer, family, friend, stranger, supervisor, etc.);
- Classification of circumstances at the time of the incident (e.g., whether the employee was completing usual job duties, working in a poorly lit area, rushed, working alone, etc.);
- A classification of where the incident occurred (e.g., in the workplace, parking lot, or other area outside the workplace);
  - The type of incident, including, but not limited to, whether it involved any of the following:
  - Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting;
  - Attack with a weapon or an object, including, but not limited to, a firearm, a knife, or another object;
  - Threat of physical force or threat of the use of a weapon or another object;
  - Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact;
  - Animal attack; *and*
  - Other.

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- Consequences of the incident, including, but not limited to, whether security or law enforcement was contacted, and any actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident; *and*
- Information about the person completing the log (name, job title, date of log entry).

The information recorded in the Violent Incident Log will be based on information obtained from the employees who experienced the workplace violence, on witness statements, and on investigation findings. Any information sufficient to allow identification of any person involved in a violent incident (e.g., person's name, address, electronic mail address, telephone number, Social Security number, etc.) must be omitted from the Violent Incident Log. See Attachment 1 —Violent Incident Log.

At a multiemployer worksite, the employer or employers whose employees experienced the workplace violence incident will record the information in a Violent Incident Log and provide a copy of that log to the employer controlling the worksite.

## **TRAINING**

Workplace violence prevention training for all employees, including supervisors, was initially given on the first day of employment.

### **Employee Training**

The Plan Administrator will ensure all new employees who have not previously received workplace violence prevention training at PRO Found Recovery Solutions Inc will receive such training during employee orientation.

Initial employee training will cover general and job-specific practices, including:

- A review and definition of workplace violence;
- A review of the requirements of California's workplace violence law under Section 6401.9 of the Labor Code;
- A full explanation and full description of the Workplace Violence Prevention Plan, including how to obtain a copy of the plan at no cost, and how to participate in the development and implementation of the plan;
- Instructions on how to report all workplace violence incidents, including threats and verbal abuse;
- Methods of recognizing and responding to workplace security hazards, including strategies to avoid physical harm;
- Information about how to identify potential workplace security hazards (e.g., inadequate lighting in the parking lot while leaving late at night, unknown person loitering outside the building);
- Review of measures that have been instituted at PRO Found Recovery Solutions Inc to prevent workplace violence, including:

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- Use of security equipment and procedures,
- How to attempt to defuse hostile or threatening situations, *and*
- How to summon assistance to prevent or respond to violence.
- How to complete the Violent Incident Log and how to obtain copies of the log;
- Post-incident procedures, including medical follow-up and the availability of counseling and referral;
- The opportunity to ask questions of a person knowledgeable about the content of PRO Found Recovery Solutions Inc’s Workplace Violence Prevention Plan; *and*
- The opportunity to provide feedback on how the training might be improved.

**Training for Supervisors and Security Personnel**

The Plan Administrator will ensure all supervisors and security personnel undergo training comparable to that for employee training and additional training to enable them to recognize, analyze, and establish violence prevention controls. Such training will include measures to handle traumatized employees and other affected personnel with extra sensitivity.

**Specialized Training**

The Plan Administrator will ensure employees potentially exposed to hazards from workplace violence as part of their occupation are given formal instruction on the specific hazards associated with their job or work area. This includes information on the types of injuries or problems identified in the facility, the policy and procedures contained in the overall safety program of the facility, those hazards unique to their job or work area, and the methods used by the facility to control the specific hazards. The training program will review risk factors that cause or contribute to assaults, etiology of violence and general characteristics of violent people, methods of controlling aberrant behavior, methods of protection, reporting procedures, and methods to obtain corrective action.

Table 4 lists the job titles that will be provided specialized training.

**Table 4: Specialized Training Job Title List**

| Job Title | Activity | Specialized Training | Date Trained |
|-----------|----------|----------------------|--------------|
|           |          |                      |              |
|           |          |                      |              |
|           |          |                      |              |
|           |          |                      |              |

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## **Refresher Training**

The Plan Administrator will ensure refresher training is provided annually or more frequently as determined by PRO Found Recovery Solutions Inc incidences of violence.

Additional training will be provided when a new or previously unrecognized workplace violence hazard has been identified and when changes are made to the Plan. The additional training may be limited to addressing the new workplace violence hazard or changes to the Plan.

A general review of the training program will be conducted annually. It will be updated to reflect any changes to this Plan.

## **RECORDKEEPING**

The following records are maintained by the Plan Administrator for a period of 5 years:

- Records of workplace violence hazard assessments and workplace practices and procedures implemented to reduce the risk of workplace violence and injury to employees;
- Violent incident logs; *and*
- Workplace violence incident investigation reports.

The following workplace violence training records are maintained by the Plan Administrator for a period of 1 year:

- Training dates,
- The contents or a summary of the training sessions,
- The names and qualifications of the trainers, *and*
- The names and job titles of all persons attending the training sessions.

All records will be made available to employees and their representatives upon request and at no cost for examination and copying within 15 days of the request.

**OSHA recordable injuries.** Any injury that requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness will be recorded on the appropriate OSHA 300 reporting forms. Doctors' reports and supervisors' reports will be kept of each recorded incident, if applicable.

## **COORDINATION WITH OTHER EMPLOYERS**

The Plan Administrator must coordinate with other employers to ensure all employees working onsite have received workplace violence prevention training and understand their roles and facility procedures in the event of a workplace violence incident.



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## **PLAN COMPLIANCE**

The Workplace Violence Prevention Plan is designed to make our workplace a safer place. To ensure all employees comply with provisions of this plan, the Plan Administrator will ensure that:

- All employees are properly trained on the content of the Workplace Violence Prevention Plan.
- Procedures are in place to make certain all supervisory and nonsupervisory employees comply with the provisions of the Workplace Violence Prevention Plan.
- Employees whose safety performance is deficient with the Plan are retrained.
- Employees who demonstrate safe work practices that promote Workplace Violence Prevention Plan are recognized.
- Employees who fail to comply with the Workplace Violence Prevention Plan are disciplined per our company disciplinary policy.

## **ATTACHMENTS**

The following supporting materials may be used to supplement this Plan:

- Attachment 1 — Violent Incident Log
- Attachment 2 — Employee Security Survey
- Attachment 3 — Emergency Contact Information
- Attachment 4 — Employee Training Record
- Attachment 5 — Workplace Violence Hazard Assessment
- Attachment 6 — Incident Report

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### Attachment 1 – Violent Incident Log

The information provided below for each incident must be based on information solicited from the employees who experienced the workplace violence, on witness statements, and on investigation findings. Personal identifying information sufficient to allow identification of any person involved in a violent incident must be omitted.

**Today's Date:**

|   |             |
|---|-------------|
| <b>Individual Completing the Violent Incident Log</b> |             |
| Name:   | Home Phone: |
| Work Phone:   | Dept.:      |
| Job Title:  |             |
| Supervisor:   |             |

|  |                |             |
|--|----------------|-------------|
| <b>Violent Incident Information</b>                                      |                |             |
| Incident Date:   | Incident Time: | a.m. / p.m. |
| Incident Location:   |                |             |
| Classification of Incident Location (e.g., workplace, parking lot, etc): |                |             |

|   |   |
|---|---|
| <b>Type of Workplace Violence</b> (select one): |   |
| <input type="checkbox"/>                        | Type 1: 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 |
| <input type="checkbox"/>                        | Type 2: workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.   |
| <input type="checkbox"/>                        | Type 3: workplace violence against an employee by a present or former employee, supervisor, or manager.   |
| <input type="checkbox"/>                        | Type 4: 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.  |

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**Classification of the Violent Individual** (select one):

- |   |  |
|---|--|
| <input type="checkbox"/> Client or customer                       | <input type="checkbox"/> Supervisor or manager         |
| <input type="checkbox"/> Family or friend of a client or customer | <input type="checkbox"/> Coworker                      |
| <input type="checkbox"/> Partner or spouse                        | <input type="checkbox"/> Stranger with criminal intent |
| <input type="checkbox"/> Parent or relative                       | <input type="checkbox"/> Other perpetrator             |

**Violent Incident Information**

**Classification of Circumstances at the Time of the Incident** (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Completing typical job duties | <input type="checkbox"/> Working in poorly lit areas    |
| <input type="checkbox"/> Rushed                        | <input type="checkbox"/> Low staffing level             |
| <input type="checkbox"/> Working in isolation or alone | <input type="checkbox"/> Unable to get help/assistance  |
| <input type="checkbox"/> Working in community setting  | <input type="checkbox"/> Working new/unfamiliar setting |
| <input type="checkbox"/> Other:                        | <input type="checkbox"/> Other:                         |

**Type of Violent Incident** (select all that apply):

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other:

**Were the police/security contacted?**    Yes / No    **If yes, did they respond quickly?**    Yes / No

**Provide a detailed description of the incident:**

**Provide a description of actions taken to protect employees from a continuing threat or any other hazards identified as a result of the incident:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Attachment 2 – Employee Security Survey

This survey will help detect Security Problems in your building or at an alternate worksite. It will be reviewed to help determine where the potential for major security problems lie.

Please fill out this form and submit it to:

NAME:

WORK LOCATION:

Enter Y (yes) or N (no) to indicate whether any of the following situations apply to you:

- I have received a verbal threat.
- I have witnessed a threat of violence.
- I work alone.
- No notification is given to anyone when I finish work.
- I have been assaulted by a co-worker.
- I have witnessed incidents of violence between co-workers.

Enter Y (yes) or N (no) to indicate whether the following procedures and controls are in place in your workplace:

- There is a written policy to follow for addressing general security problems.
- There is a written policy for handling a violent coworker or client.
- There is a procedure to request the assistance of a coworker.
- There is a procedure to request the assistance of police.
- There is a procedure to deal with or report harassment.
- There is an adequate alarm system.
- There is adequate security in and out of building.
- There is adequate security in the parking lot.

Please describe any of the above or additional unsafe work conditions that you have experienced.

Are violence-related incidents worse during shiftwork, on the road, or in other situations? Please specify:

Where in your building or worksite would a violence-related incident most likely occur? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> lounge          | <input type="checkbox"/> parking lot      |
| <input type="checkbox"/> exits           | <input type="checkbox"/> bathroom         |
| <input type="checkbox"/> deliveries      | <input type="checkbox"/> entrance         |
| <input type="checkbox"/> private offices | <input type="checkbox"/> other (specify): |

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Have you ever noticed a situation that could lead to a violent incident?

Have you missed work because of a potential violent act(s) committed during your course of employment?

Do you receive workplace violence-related training or assistance of any kind?

Has anything happened recently at your worksite that could have led to violence? If yes, can you comment about the situation?

Has the number of violent co-workers or clients increased in your workplace?

Do you have any other concerns about violence or security in your workplace? If so, describe.

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**Attachment 3 —Emergency Contact Information**

**Organizational Contacts**

| <b>Contact Person</b> | <b>Job Title/ Department</b> | <b>Telephone</b> |
|-----------------------|------------------------------|------------------|
|                       |                              |                  |
|                       |                              |                  |
|                       |                              |                  |
|                       |                              |                  |

**Emergency Services**

| <b>Service</b>                        | <b>Name</b> | <b>Address</b> | <b>Telephone</b> |
|---------------------------------------|-------------|----------------|------------------|
| Emergency Room                        |             |                |                  |
| Urgent Care                           |             |                |                  |
| Fire Department                       |             |                |                  |
| Police Department                     |             |                |                  |
| Poison Control Center                 |             |                |                  |
| OSHA Area Office                      |             |                |                  |
| National Response Coordinator or Team |             |                |                  |
| Electric                              |             |                |                  |
| Water                                 |             |                |                  |
| Gas                                   |             |                |                  |
| Phone Company                         |             |                |                  |
| Chemical Spill Cleanup Contractor     |             |                |                  |







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**Attachment 6 — Incident Report**

The information you provide below is considered sensitive and will be shared only with persons essential to the investigation and disposition of this report. Attach additional material you believe will assist in the investigation of the incident.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Incident Location: \_\_\_\_\_

Type of Incident (circle one): Assault Robbery Harassment Disorderly Conduct Sex Offense Other  
(please specify): \_\_\_\_\_

Were the police contacted? Yes No If yes, did they respond quickly? Yes No

Were you injured? Yes No If yes, specify your injuries and the location of any treatment:

\_\_\_\_\_  
\_\_\_\_\_

1. Describe the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Who was responsible for the incident? Include name(s), age(s), and address(es) if known:

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3. Identify any witnesses to the incident. Include address and phone if available:

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4. Have you reported this incident to anyone else? If so, to whom?

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5. Has this type of incident happened before to you or your co-workers? Yes No

If yes, briefly describe the previous incident: \_\_\_\_\_

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6. Were you singled out or was the violence directed at more than one person?

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7. Were you alone when the incident occurred: Yes No

8. Did you have reason to believe the incident might occur? Yes No If yes, why?

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9. Can you suggest what can be done to prevent similar incidents in the future?

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_