# California Workplace Violence Prevention Plan for Construction

**SECTION 1: Scope and Purpose**

At [EMPLOYER NAME] we are committed to providing, to the extent possible, an environment free from all forms of violence including, but not limited to, harassment, intimidation, verbal, written and physical threats or acts of physical assault, as well as a threat or use of physical force against any employee. [EMPLOYER NAME] has a zero tolerance policy when it comes to any form of violence in the workplace.

This Workplace Violence Prevention Plan (the “Plan”) applies to all [EMPLOYER NAME] workplaces in California and is specific to the hazards and corrective measures for each work area and operation. The purpose of this Plan is to comply with California Labor Code section 6401.9 and any associated regulation promulgated by the Division of Occupational Safety and Health (“Cal/OSHA” or “the Division”). The purpose of the Plan is also to help prevent injuries and illness from foreseeable incidents that can occur at [EMPLOYER NAME] locations in California. In accordance with this purpose, the Plan provides guidelines for all employees, whether supervisory or non-supervisory, regarding their role and responsibility for identifying, reporting and prohibiting threats or acts of violence in the workplace.

This Plan is incorporated and part of the Company’s Injury and Illness Prevention Plan (“IIPP”). If [EMPLOYER NAME] elects, it may utilize the processes and procedures in its IIPP to supplement this Plan.

This Plan is available to employees, authorized employee representatives, and representatives of the Division at any time upon request. Employees may access a copy of the plan by **[state how a copy of the plan can be accessed/received by employees.]**

To the extent there is any conflict between this Plan and a collective bargaining agreement between [EMPLOYER NAME] and [authorized employee representatives], the collective bargaining agreement controls.

**SECTION 2: Definitions**

Several terms below will be used throughout this Plan. The definitions below are included to assist managers and employees in understanding the Company’s Plan.

“Emergency” means unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

“Engineering controls” mean 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.

“Log” means the violent incident log required by this Plan and Labor Code section 6401.9.

“Plan” means the workplace violence prevention plan required by this Plan and Labor Code section 6401.9.

“Threat of violence” means 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.

“Workplace violence” means any act of violence or threat of violence that occurs in a place of employment. Workplace violence includes, but is not limited to, the following:

(i) 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.

(ii) An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

(iii) The following four workplace violence types:

“Type 1 violence” which means 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” which means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

“Type 3 violence” which means workplace violence against an employee by a present or former employee, supervisor, or manager.

“Type 4 violence” which means 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.

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

“Work practice controls” means procedures and rules which are used to effectively reduce workplace violence hazards.

**SECTION 3: Workplace Violence Prevention Plan**

**3.1 Authority and Responsibility**

This Plan will be established, implemented, maintained, and coordinated by the [INSERT JOB TITLE]. As set forth below, supervisory and non-supervisory employees also have duties and obligations under this Plan:

Supervisors:

1. Reporting workplace violence incidents.
2. Reporting potential workplace violence incident.
3. Accepting and responding to reports of workplace violence incidents in accordance with this Plan.
4. Cooperating with all incident investigations.
5. Keeping vigilant at all times to avoid violent incidents.
6. Using de-escalation techniques to reduce violent incidents, as appropriate.
7. Ensuring employees under their supervision have been provided training as required by this Plan.
8. Ensuring employees are involved in the development and implementation of this Plan, as appropriate.
9. Complying with this Plan.

Employees:

1. Reporting workplace violence incidents.
2. Reporting potential workplace violence incidents.
3. Cooperating with all incident investigations.
4. Keeping vigilant at all times to avoid violent incidents.
5. Using de-escalation techniques to reduce violent incidents, as appropriate.
6. Informing supervisors of any suspicious activity.
7. Actively participate in developing and implementing this Plan, as appropriate (including through participating in workplace violence hazard inspections and hazard correction as needed).
8. Participating in training and jobsite toolbox talks regarding this Plan.
9. Complying with this Plan.

**3.2 Active Employee Involvement and Compliance with the Plan**

[EMPLOYER NAME] encourages the active involvement of employees [and authorized employee representatives in developing and implementing the Plan. This includes, but is not limited to, employee [and authorized employee representative] participation in identifying, evaluating, and correcting workplace violence hazards, in designing and implementing required training under this Plan, and reporting and investigating workplace violence incidents. Employee involvement in the development and implementation of the Plan and training is accomplished through [provide examples of how this was will be accomplished, i.e., safety meetings, suggestion boxes, online comments, huddles, etc.]

Employees are required to comply with the requirements set forth in this Plan at all times. This includes, but is not limited to, reporting workplace violence incidents, reporting potential workplace violence incidents, cooperating with all incident investigations, keeping vigilant at all times to avoid workplace violence incidents, informing supervisors of any suspicious activity, completing all required training, and identifying potential or actual workplace violence hazards, among others. Employees who fail to meet the requirements outlined in this Plan will be retrained and discipline will be issued, if necessary.

[EMPLOYER NAME] will ensure compliance by [INSERT METHODS OF COMPLIANCE].

**3.3 Communication with Employees**

Communication between employees, [authorized employee representatives] and [EMPLOYER NAME] is paramount to the effective implementation of this Plan. [Employer Name] will communicate with employees regarding workplace violence matters, including but not limited to: (1) how an employee can report a violent incident, threat, or other workplace violence concern to the employer or law enforcement without fear of reprisal; (2) how employee concerns will be investigated as part of [Employer’s] responsibility under this Plan, and (3) how employees will be informed of the results of the investigation and any corrective actions to be taken as part of the Company’s responsibility under this Plan.

[Employer Name] will utilize the initial and annual training required under this Plan (and other training as required), [pre/post shift huddles, postings on worksite safety bulletin boards, information posted to the Company’s intranet] for these communications. Additionally, at all times there is to be an open dialogue between employees, managers, supervisors and [Human Resources] regarding workplace violence matters.

As detailed below in Section 3.5, employees must report a workplace violence incident, threat or other workplace violence concern to [Employer Name] by [incident method by which employees report workplace violence incidents or concerns. If the Company has an anonymous complaint system reference it here.]

**When a workplace violence incident, or threat of violence is imminent or in progress, Employees should report the incident to law enforcement authorities by calling 9-1-1.** When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed employees will be removed from the work area except those necessary to correct the existing condition.

For all others, Employees may report a workplace violence incident, threat or other workplace violence concern to law enforcement at any time, including during working time, by calling the local authorities by calling 9-1-1 or emergency response/law enforcement at the numbers posted [insert location where this information will be available]. Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety.

[Employer Name] has a strict non-retaliation and non-discrimination policy, and will not tolerate anyone retaliating against, discriminating against, or harassing any employee for reporting a workplace violence incident, threat or other workplace violence concern to [Employer Name] or law enforcement.

Once a workplace violence incident, threat or concern has been raised, [Employer Name] will initiate an investigation as detailed below in Section 3.5. This includes, but is not limited to, conducting an inspection of the workplace to evaluate for potential workplace violence hazards and identify unsafe conditions and work practices. If the inspection reveals an unsafe work practice or condition, it will be corrected in a timely manner based on the severity of the hazard. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed employees will be removed from the work area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards. The inspection shall be documented in writing, including an identification of any workplace violence hazards and the corrective action taken. As set forth in Section 3.9, inspection records shall be maintained for at least five (5) years. [Employer Name] will inform employees of the results of the investigation and any corrective actions taken by [fill in how this will be communicated to employees].

**3.4 Identification, Evaluation and Correction of Workplace Violence Hazards**

[Employer Name] welcomes employees to identify workplace violence hazards that may or may not have been identified by [Employer Name]. In order to provide a safe environment for all employees, we need to work together to identify potential workplace violence hazards that may be undetected and alert the Company if a workplace violence incident has occurred. This includes informing [insert title] of unidentified potential or perceived workplace violence hazards that are new to the workplace, or existing hazards that have not yet been identified. Employees may also alert [Human Resources] of a perceived workplace violence hazard by [enter method of contact, i.e., email, phone, etc.]

To help identity and evaluate potential workplace violence hazards, the Company conducts periodic inspections of the work environment, including all parking and outdoor work areas. Special attention shall be provided, where applicable, to: (1) employees working in locations isolated from other employees; (2) employees engaging with the public; (3) lack of physical barriers between employees and the public; (4) exit and emergency exit routes; (5) obstacles or impediments to accessing alarm system; (6) locations where alarm systems are not operational or have not been installed; (7) entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits; (8) presence of furnishings or any other objects that can be used as weapons in areas where customer activities are performed; (9) storage of valuable property or currency any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of workplace violence; (10) frequency and/or severity of threatening ort hostile situations that may lead to violent acts by persons who are service recipients of the establishment.

Identification of potential workplace violence hazards are set forth on the Company’s workplace violence hazard assessment(s), attached and incorporated by reference as Appendix A of this Plan. Appendix A identifies a series of Hazard Assessment Checklists to assist in this effort that include: 1. Assessing Risk Factors for Workplace Violence; 2. Inspecting Construction Jobsites; 3. Inspecting Construction Jobsite Parking Areas; 4. Assessing Security Measures for Construction Offices, Equipment Storage or Manufacturing Facilities; 5. Inspecting Parking Areas for Construction Offices, Equipment Storage or Manufacturing Facilities.

Workplace violence hazard inspections will be conducted when the Plan is first established, after each workplace violence incident, and when the employer is made aware of a new or previously unrecognized hazard. Records of periodic inspections will be in writing and maintained by the Company for at least 5 years.

When a workplace violence hazard is identified, it will be corrected in a timely manner based on the severity of the hazard. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed employees will be removed from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

Where technologically and economically feasible, the facilities have implemented engineering and administrative hazard controls including but not limited to: (1) locked or secured entrances/exits; (2) video monitoring within and outside of the facility; (3) glass paneling on doors for monitoring; (4) employee-only locking restrooms; (5) plexiglass or other barriers between employees and/or employees and the public; (6) controlled entrance and exit of the facility by visitor sign-in at security; (7) use of the buddy system to prevent employees from working alone; (8) speaker system at door or gate for entry; (9) use of walkie-talkies or cellular phones to contact law enforcement or security; (10) use of hold-up button/silent alarm to alert law enforcement and/or security; (11) the use of work practices such as the “buddy system” for specified emergency events; (12) Post emergency telephone numbers for law enforcement, fire, and medical services; and (13) implement a no-weapons policy at the workplace; (14) limit the amount of cash on hand and use time access safes for larger bills.

**3.5 Reporting and Responding to Workplace Violence Incidents or Concerns**

Employees must report any workplace violence incident to [department or method]. It is irrelevant whether the employee sustains an injury. If the incident results in a serious injury or illness, or death of an employee occurring at a [Employer Name] work location or in connection with employment, it must be reported to the nearest Cal/OSHA District Office. Please contact [title] if you are unclear whether the incident must be reported or need instructions regarding reporting.

Employees who fail to report a workplace violence incident may be disciplined up to and including termination. Any employee who reports a workplace violence incident should do so without fear of reprisal. Retaliation, discrimination and/or harassment is prohibited against an employee who reports workplace violence. Such conduct could result in discipline up to and including termination.

For employees covered by a collective bargaining agreement, nothing should be read to prohibit the employee from reporting workplace violence incidents or concerns to the [authorized employee representatives] rather than the procedure set forth in this Plan.

(a) Workplace Violence Incidents or Concerns Not Likely to Pose an Immediate Danger

Any employee who encounters or witnesses a situation or act including, but not limited to, workplace harassment, intimidation or verbal abuse or threat which the employee reasonably believes does not pose an immediate danger to others must immediately report the incident to their Supervisor or [Human Resources at \_\_\_\_\_\_]. The employee reporting the incident must provide written or verbal documentation if possible, including specifics such as the name of the individual posing the threat (if known), the date and time of the incident, what was said, to whom it was directed and any other information which will assist in ensuring safety and expediting an investigation of the reported incident. [Employer Name] strictly prohibits any and all retaliation, discrimination and harassment against the individual making the report.

(b) Workplace Violence Incidents or Concerns Likely to Pose an Immediate Danger (i.e., Workplace Violence Emergencies)

**When a workplace violence incident, or threat of violence is imminent or in progress, to the extent Employees are safely able to do so, they should report the incident to law enforcement authorities by calling 9-1-1.**

* Employees should give law enforcement as many details as possible including the name and address of the workplace, the specific area or building where the individual(s) are located, descriptions of the people involved, what kind of weapons are involved (if known or applicable) and how many individuals may be involved.
* Employees should follow the direction provided by law enforcement if they can safely do so.
* Employees should also immediately report this incident to [Jobsite Supervisor].

In the event of an actual or potential workplace violence emergency (i.e., circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons, or there is an individual possessing a weapon in the workplace), [Employer Name] will alert employees of the presence, location, and nature of workplace violence emergencies by [fill in response from questionnaire]. Employees should remain calm and not challenge or try to approach the individual(s) possessing the weapon.

If employees can safely do so, they should follow the evacuation plan for the worksite. Supervisors are directed, to the extent possible, to take the lead in any evacuation. Evacuation routes and procedures will be addressed in initial and annual employee training. Employees should follow the sheltering plan if appropriate and feasible under the circumstances.

(c) Post-Incident Response and Investigation

All reported workplace violence incidents or concerns, as defined above, will be taken seriously and investigated promptly by [Employer Name]. [Employer Name] will complete a case-by-case analysis of each reported workplace incident. Reporting employees will be informed of the results of the investigation and any corrective actions taken to remedy any workplace violence hazard.

Any person found to have committed any act of violence in any [Employer Name] facility or at a location where any of our employees work will be subject to corrective action up to and including termination. Individuals engaging in acts of violence will be reported to the proper authorities.

**3.6 Plan Review**

The Plan will be reviewed (1) at least annually, (2) when a deficiency is observed or becomes apparent, (3) after each reported workplace violence incident, and (4) as needed. The [title] is responsible for reviewing the Plan (including the effectiveness of the Plan) under the above circumstances. When review of the Plan is necessary, [Employer Name] will seek the active involvement of employees [and authorized employee representatives] by [include method]. The Violent Incident Log will be reviewed by [fill in] as part of the periodic reviews of the Plan.

**3.7 Violent Incident Log**

[Employer Name] records information for every workplace violence incident in a Violent Incident Log. The [insert] will be responsible for completing and maintaining the Violent Incident Log.

Information obtained in the Violent Incident Log is based on information solicited from the employee(s) who experiences the workplace violence incident, witness statements (if any), and on investigation findings. The Violent Incident Logs will not include any personal identifying information sufficient to allow identification of any person(s) involved in the workplace violence incident, such as: (1) person’s name; (2) address; (3) e-mail address; (4) telephone number; (5) social security number; or (6) other information that alone or in combination with other publicly available information would reveal the person’s identify.

On multi-employer worksites, employers whose employee(s) experienced the workplace violence incident are responsible for recording the incident on their Violent Incident Log. If that employer is not the controlling employer, the employer must provide a copy of the Violent Incident Log to the controlling employer.

The information recorded in the Violent Incident Log must include all of the following:

* The date, time, and location (including specific department) of the incident.
* The type or types of workplace violence, i.e., “Type 1 Violence”, “Type 2 Violence”, “Type 3 Violence” or “Type 4 Violence” as defined in this Plan, above.
* A detailed description of the incident.
* A classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.
* A classification of circumstances at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.
* A classification of where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.
* 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 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.
* Consequence(s) of the incident including, but not limited to: (1) Whether security or law enforcement was contacted and their response; and (2) Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.
* Information about the person creating the log entry including: their name, job title and the date completed.

**3.8 Employee Training**

[Employer Name] will provide training and/or information to all employees regarding this Plan. The training material will be appropriate in content and vocabulary to the education level, literacy, and language of employees. Training will be provided when the Plan is first established and annually thereafter on the following topics:

(a) The Plan, including how to obtain a copy of the Plan at no cost, and how to participate in development and implementation of the Plan.

(b) The definitions and requirements of the Plan and Labor Code section 6401.9.

(c) How to report workplace violence incidents or concerns to [Employer Name] or law enforcement without fear of reprisal.

(d) Workplace violence hazards specific to the employees’ jobs, the corrective measures [Employer Name] has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.

(e) The Violent Incident Log, including what it is and what information it contains.

(f) How to obtain copies of: (1) records of workplace violence hazard identification, evaluation, and correction (e.g., workplace violence hazard inspections required under this Plan); (2) employee workplace violence prevention training records; and (3) Violent Incident Logs.

Training provided under this Plan will provide an opportunity for interactive questions and answers with a person knowledgeable about the Plan. 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.

**3.9 Recordkeeping and Access**

[Employer Name] will maintain records of workplace violence hazard identification, evaluation, and correction for at least five (5) years.

[Employer Name] will maintain workplace violence prevention training records for at least one (1) year. Training records will include training dates, contents or summary of the training sessions, names and qualifications of the persons conducting the training, and names and job titles of attendees.

[Employer Name] will maintain Violent Incident Logs for at least five (5) years.

[Employer Name] will maintain records of workplace violence incident investigations for a minimum of five (5) years. The workplace violence incident investigations will not contain medical information as defined in Cal. Civ. Code § 56.05(j).

[Employer Name] will make available to its employees [,authorized employee representatives] and the Division for examination and copying: (1) records of workplace violence hazard identification, evaluation, and correction; (2) workplace violence prevention training records; and (3) Violent Incident Logs. These records will be made available to employees [and their representatives, if applicable] upon request and without cost, within 15 calendar days of a request. [Employer Name] will also provide the Division copies of workplace violence incident investigations upon requests.

**3.10 Coordination with Other Employers**

[Employer Name] will communicate with all other employers employing individuals at the worksite regarding implementation of the Plan and each employer’s respective roles.

All employees on the worksite will be provided training and all workplace violence incidents involving any employee must be reported, investigated, and recorded by their employer.

The employer must then communicate that information to the controlling employer and provide them with a copy of the violent incident log.

### Violent INCIDENT LOG

**Instructions**

**Please fill out the information in the chart below. This log shall be completed for every workplace violence incident. Information that is recorded in the log for each incident shall be based on information solicited from the employees who experienced the workplace violence, on witness statements, and on investigation findings.**

**The employer shall omit any element of personal identifying information sufficient to allow identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person’s identity.**

|  |  |
| --- | --- |
| **Incident date:**  **Incident time:**  **Incident location (including Department):** |  |
| **Date incident was reported:**  **Time incident was reported:** |  |
| **Type of violence** (e.g., Type 1, Type 2, Type 3, or Type 4). Refer to Plan for definitions. |  |
| **Detailed description of the incident.** |  |
| **Classification of who committed the violence,** including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator. |  |
| **Classification of circumstances at the time of the incident,** including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location. |  |
| **Classification of where the incident occurred,** such as in the workplace, parking lot or other area outside the workplace, or other area. |  |
| **The type of incident**, including, but not limited to, whether it involved any of the following: **(i) Physical attack without a weapon**, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting; **(ii) Attack with a weapon or object**, including, but not limited to, a firearm, knife, or other object**; (iii) Threat of physical force or threat of the use of a weapon or other object**; **(iv) Sexual assault or threat**, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact; **(v) Animal attack**; **(vi) Other**. |  |
| **Was security or law enforcement contacted, if so, what was the response.** |  |
| **Actions taken to protect employees from continuing threat or from other hazards identified as a result of the incident.** |  |
| **Any lost time from work?** |  |
| **Information Regarding Person Who Completed Incident Log:**  **Date Log Completed:**  **Name:**  **Job Title:**  **Telephone Number:**  **Email Address:** |  |

This record must be maintained for at least five (5) years.

### **WORKPLACE VIOLENCE PREVENTION TRAINING RECORDS**

Date of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Trainer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications of Trainer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or qualifications attached)

Topics Discussed And Summary of Training Session (or training contents attached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Job  Title | Department | Type of Training  Initial/Annual/Refresher/Post-Incident/New Hazard/Plan Change |
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This record must be maintained for at least one (1) year.

### **WORKPLACE VIOLENCE HAZARD INSPECTION AND CORRECTION RECORD**

Names of Persons Conducting Inspection:

Date of Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector(s) Telephone Number: \_\_\_\_\_\_

Reason(s) for Inspection (initial/post-incident/new hazard/other):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Description and Location of Hazard Identified and Evaluated | Action To Be Taken to Correct Hazard\* | Completion Date  Projected Actual | |
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\*Note:

Observed or discovered hazards, unsafe or unhealthy conditions, work practices, and work procedures

shall be corrected in a timely manner based on the severity of the hazard.

When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

This record must be maintained for at least five (5) years.

**APPENDIX A**

**CONSTRUCTION CHECKLISTS WHEN CONDUCTING**

**WORKPLACE VIOLENCE HAZARD ASSESSMENTS**

1. **ASSESSING RISK FACTORS FOR WORKPLACE VIOLENCE:**

**Name of Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector(s) Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Inspection (Initial / post-incident / new hazard / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factor** | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Do employees have contact with the public? |  |  |  |
| Is cash kept on the jobsite, in the office, or facility? |  |  |  |
| Do employees work alone? |  |  |  |
| Do employees work in the early morning or late at night? |  |  |  |
| Is the jobsite, office, or facility understaffed or with only a few workers at a time? |  |  |  |
| Is the jobsite, office, or facility located in an area with a high crime rate? |  |  |  |
| Do employees deal with people known or suspected of having a history of violence? |  |  |  |
| Do any employees or supervisors have a history of assault, verbal abuse, threats, harassment, or other threatening behavior? |  |  |  |
| Are you aware of any temporary restraining orders, temporary or permanent protection orders, or other issues that may affect workers on the jobsite, office, or facility? |  |  |  |
| If known, describe any other risk factors: |  |  |  |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **INSPECTING CONSTRUCTION JOBSITES – WORKPLACE VIOLENCE RISKS:**

**Name & contact for person responsible for jobsite security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector(s) Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Inspection (Initial / post-incident / new hazard / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Security Measures for Jobsites** | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Do workers know whom to contact onsite in the event of an emergency? |  |  |  |
| Are “No Trespassing” signs posted around the jobsite? |  |  |  |
| Are trained security personnel used on the jobsite? |  |  |  |
| If security personnel are used, are they available to assist in a timely manner? |  |  |  |
| If security personnel are used, do they have sufficient authority take action to protect worker safety? |  |  |  |
| Does the jobsite have adequate security systems, such as door locks for construction offices or trailers, gate locks, perimeter fencing, or video monitoring in/around the site? |  |  |  |
| Does the jobsite contain video monitoring in or around the site? |  |  |  |
| If video monitoring methods are used, are signs posted notifying the public and employees that these methods are always in use and monitoring the site? |  |  |  |
| If security devices are used (video monitoring, locks, alarms, etc.), are they tested on a regular basis? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Access to the Jobsite** | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Does the jobsite have a designated or main entrance for use by all workers, vendors, and authorized visitors? |  |  |  |
| Does the jobsite have controlled entrances and exits using sign-in/out requirements? |  |  |  |
| Does the jobsite have screening in place for employees and authorized visitors to prevent contraband and/or weapons on the jobsite? |  |  |  |
| Are employees or workers required to wear name tags or use RFID personnel tracking when on the site? |  |  |  |
| Are authorized visitors required to check in before accessing the jobsite? |  |  |  |
| Are authorized visitors required to wear a visitor badge? |  |  |  |
| Are emergency contact numbers (police, fire, medical aid) posted at the jobsite office? |  |  |  |
| Do procedures exist to limit personal visits from family and friends at the jobsite? |  |  |  |
| Is adequate lighting provided on the jobsite during hours of darkness or low light conditions? |  |  |  |
| Are tools or other equipment secured or locked up at the end of the workday? |  |  |  |
| Is the jobsite able to be secured at the end of each workday and on weekends? |  |  |  |
| **Communication With Employees on the Jobsite** | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Does the employer have a “buddy” system for specified emergency events as set out in the Construction Workplace Violence Prevention Plan (“Plan”)? |  |  |  |
| Does the employer have an emergency notification system to warn employees or workers on the jobsite in the event of an emergency?  For example, using several information delivery methods to reach workers such as mobile phone text alert applications, overhead paging system with paging codes known only to employees, onsite alarms, or panic buttons. |  |  |  |
| Do employees know about these procedures or whom to contact if an emergency arises? |  |  |  |
| If an evacuation is not feasible in an emergency, does the jobsite, office or facility have shelter in place plans on the site? |  |  |  |
| If the jobsite involves multiple employers, have they established procedures to coordinate emergency communications to all workers on the site? |  |  |  |
| Describe any additional work practice controls or administrative controls available or in use: |  |  |  |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **INSPECTING CONSTRUCTION JOBSITE PARKING AREAS – WORKPLACE VIOLENCE RISKS:**

**Name of Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector(s) Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Inspection (Initial / post-incident / new hazard / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Does the jobsite have parking for employees or workers only? |  |  |  |
| If there is dedicated parking at the jobsite, is the lot attended or otherwise secured? |  |  |  |
| Does the parking lot or designated area have adequate lighting during dark or lowlight conditions? |  |  |  |
| If known, describe any other risk factors or conditions: |  |  |  |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **ASSESSING SECURITY MEASURES FOR CONSTRUCTION OFFICES, EQUIPMENT STORAGE OR MANUFACTURING FACILITIES – WORKPLACE VIOLENCE RISKS:**

**Name of Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector(s) Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Inspection (Initial / post-incident / new hazard / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Security Measures** | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Do workers know whom to contact onsite in the event of an emergency? |  |  |  |
| Are “No Trespassing” signs posed around the office or facility? |  |  |  |
| Are building entrances clearly visible from the street? |  |  |  |
| Is adequate lighting available to see outside the building during hours of darkness or low light conditions? |  |  |  |
| Is the area surrounding the building free from bushes or other hiding places? |  |  |  |
| Are trained security personnel used at the office or facility? |  |  |  |
| If security personnel are used, are they available to assist in a timely manner? |  |  |  |
| If applicable, do security personnel have sufficient authority take action to protect worker safety? |  |  |  |
| Does the office or facility have adequate security systems, such as door locks for offices, gate locks, perimeter fencing, or video monitoring? |  |  |  |
| Does the employer have an emergency notification system to warn employees or workers in the event of an emergency?  For example, using several information delivery methods to reach workers such as mobile phone text alert applications, overhead paging system with paging codes known only to employees, onsite alarms, or panic buttons. |  |  |  |
| Is there an internal telephone system to activate for emergency assistance? |  |  |  |
| Do office or facility telephones have an outside line pre-programmed to call 911? |  |  |  |
| Does the office or facility contain video monitoring or other visual surveillance methods? |  |  |  |
| If video monitoring or other visual surveillance methods are used, are signs posted notifying the public and employees that these methods are always in use and monitoring the workplace? |  |  |  |
| If security devices are used (video monitoring, locks, alarms, etc.), are they tested on a regular basis? |  |  |  |
| Does the office or facility have a designated or main entrance for use by all workers, vendors, and authorized visitors? |  |  |  |
| Does the office or facility contain physical barriers such as counters or plexiglass partitions, to separate visitors from employees? |  |  |  |
| Does the office or facility have controlled entrances and exits using sign-in/out requirements? |  |  |  |
| Does the office or facility have screening in place for employees and authorized visitors to prevent contraband and/or weapons on the jobsite? |  |  |  |
| Does the office or facility have a secured entry (e.g., key card, buzzers, etc.)? |  |  |  |
| Are there employee-only work areas separate from any public areas (such as a reception or waiting area)? |  |  |  |
| Are employees or workers required to wear name tags? |  |  |  |
| Are authorized visitors required to check in and be escorted before accessing the office or facility? |  |  |  |
| Are authorized visitors required to wear a visitor badge? |  |  |  |
| Are emergency contact numbers (police, fire, medical aid) posted at the office or facility? |  |  |  |
| Do procedures exist to limit personal visits from family and friends at the office or facility? |  |  |  |
| Are private, locked restrooms available for employees? |  |  |  |
| Is there a secure place available for employees to store their personal belongings? |  |  |  |
| Does the employer have a “buddy” system for specified emergency events as set out in the Construction Workplace Violence Prevention Plan (“Plan”)? |  |  |  |
| Does the office or facility have provisions for emergency exists or evacuation plans in place? |  |  |  |
| If the office or facility does have emergency exits or evacuation plans in place, are these clearly marked or posted throughout the location? |  |  |  |
| If an evacuation is not feasible in an emergency, does the office or facility have shelter in place plans on the site? |  |  |  |
| Describe any additional work practice controls or administrative controls available or in use: |  |  |  |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **INSPECTING PARKING AREAS FOR CONSTRUCTION OFFICES, EQUIPMENT STORAGE OR MANUFACTURING FACILITIES – WORKPLACE VIOLENCE RISKS:**

**Name of Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspector(s) Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Inspection (Initial / post-incident / new hazard / other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Notes/Follow-up Action/Date if Applicable** |
| Does the office or facility have parking for employees or workers only? |  |  |  |
| If there is dedicated parking, is the lot attended or otherwise secured? |  |  |  |
| Does the parking lot or designated area have adequate lighting during dark or lowlight conditions? |  |  |  |
| Is the parking area free of bushes or other hiding places? |  |  |  |
| If known, describe any other risk factors or conditions? |  |  |  |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**