

Workplace Violence Prevention Plan Checklist

Item	Requirement	Completed Date
a.	Has the Capital Health Violence Prevention Statement been posted in staff areas?	
b.	Have measures been implemented and documented to minimize or eliminate the risk of violence? Risk Assessment and Plan Has safe work procedures been developed?	
c.	Has training and information for employees been provided and documented for each item: <ul style="list-style-type: none"> <input type="checkbox"/> Rights and Responsibilities (appendix D) <input type="checkbox"/> Workplace violence prevention statement (appendix C) <input type="checkbox"/> Training on the plan in general <input type="checkbox"/> Training on particular function to be performed by the employee <input type="checkbox"/> The nature and extent of the risk and on any factors that may increase or decrease the extent of the risk including measures taken by the employer to minimize or eliminate the risk of violence– risk assessment. <input type="checkbox"/> How to recognize a situation in which there is a potential for violence and how to respond appropriately <input type="checkbox"/> How to respond to an incident of violence, including how to obtain assistance <input type="checkbox"/> How to report incidents of violence <input type="checkbox"/> How to document incidents of violence <input type="checkbox"/> How to investigate incidents of violence <input type="checkbox"/> Information related to a risk of violence from a person who has a history of violent behaviour if the person is likely to be encountered by the employee 	
d.	Are the following Capital Health procedures being followed: <ul style="list-style-type: none"> <input type="checkbox"/> Reporting workplace violence <input type="checkbox"/> Documenting Workplace Violence <input type="checkbox"/> Investigating incidents of violence 	
e.	Has a copy of the Plan been provided to: <ul style="list-style-type: none"> <input type="checkbox"/> Joint Occupational Health and Safety Committee <input type="checkbox"/> Workplace Safety Team, if applicable <input type="checkbox"/> Safety Programs Department 	
f.	Is a copy of the plan available for review upon request from other employers, contractor, constructors, suppliers, employees, owners or self-employed person?	
g.	Is the risk assessment and plan reviewed when:	