

WORKPLACE VIOLENCE AND AGGRESSION CHECKLIST

Workplace:	Inspected By:	Date:
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Checklist		Compliance			Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
The Workplace							
1.	If money, valuables and/or drugs are kept at the workplace, are they adequately secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
2.	Have any previous acts of violence or aggression been controlled to prevent recurrence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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Risk Management							
10.	Are all employee reports of workplace violence investigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
11.	Are employees asked about the risk of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
12.	Are people who could be potentially violent identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



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23.	Are employees consulted when developing procedures and assessing solutions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Violence Prevention							
24.	Does your workplace have a documented violence prevention plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
34.	Does the violence response plan include first aid and medical support?						



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