**Form 2**

**Completed by:**

* P/VP or Supervisor

If reasonably available,

* Worker
* JOHS Worker Rep

If JOHS Worker Rep not available they will review and sign at a later date.

 **Violence Risk Assessment (VRA)**

|  |  |
| --- | --- |
| Date: Click here to choose a date.  School/Site: Click here to enter text. | P/VP or Supervisor:  Click here to enter text. |
| Worker: Click here to enter text. Title: Click here to enter text. | JOHS Worker Rep: Click here to enter text. |
| Aggressor’s Name: Click here to enter text.    Student DOB: Click to enter DOB Grade: Choose an item.  Parent  Other Click here to enter text. | |
| Existing Safety Plan:  Yes  No | Existing Worker Safety Plan:  Yes  No |

**Documentation – Sequence of Events (including preceding incident)**

|  |
| --- |
| Preliminary Incident Description: Risk/Hazard Background Information  Click here to enter text. |
| Full Incident Description:  Click here to enter text. |

**Assessed Risk Level**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Low:** minor injury **and/or**  felt uncomfortable |  | **Moderate:** moderate injury **and/or** felt unsafe |  | **High:** major injury  **and/or** put at risk |

|  |  |
| --- | --- |
| **Date(s)/Time(s) of**  **exposure to risk** | Date(s): Click here to enter text. Time(s): Click here to enter text. |
| **Who is at risk?** | Teacher  EAG/DEA/EAP  YFC  P/VP  Supervisor  Custodian  Bus Driver  TOC  Spareboard EA  Clerical  Other Click here to enter text. |
| **Where are workers at risk?**  (Describe specific locations in workplace) | All areas in workplace  School grounds/playground  Classroom  Library  Gym  Shop/Lab Class  Field Trip  Other Click here to enter text. |
| **When are workers at risk?** | Time of Day: Click here to enter text.  Working Alone  During Specific Activities Click here to enter text. |

**Form 2 (cont’d)**

 **Incident Investigation**

Worker Group: GVTA  CUPE 382  CUPE 947  ASA  OTHER Click here to enter text.

Date of incident: Click here to choose a date. Time: Click here to enter text.

Witnesses:

Name: Click here to enter text. Title: Click here to enter text. Name:Click here to enter text. Title: Click here to enter text.

**Full Contributing Factors**

Click here to enter text.

**Full Root Cause(s)**

Click here to enter text.

**Preliminary Contributing Factors**

Click here to enter text.

**Preliminary Root Cause(s)**

Click here to enter text.

|  |  |
| --- | --- |
| **Preliminary Contributing Factors**  Click here to enter text.  **Preliminary Root Cause(s)**  Click here to enter text. | **Full Contributing Factors**  Click here to enter text.  **Full Root Cause(s)**  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preliminary Corrective Actions** | **Person Responsible** | **Action Date** | **Status** |
| 1. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 2. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 3. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 4. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| **Full Corrective Actions** |  |  |  |
| 1. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 2. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 3. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |
| 4. Click here to enter text. | Click to enter text. | Click to pick date. | Click to enter text. |

Recommendations to be completed by: Click here to choose a date. (Month/Day/Year)

Parties involved in investigation:

P/VP or Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature Date

JOHS Worker Rep: \_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature Date

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature Date

**Copies to:**  Associate Superintendent (via email) P/VP or Supervisor (**redacted** version to be shared with JOHS Committee)

HR (cmerner@sd61.bc.ca) District Behavioral Consultant (dmarchant@sd61.bc.ca) Worker (**redacted**)

**File this completed form, in a binder, in a secure location in the administrator’s office.**