

Violence Risk Assessment (VRA)

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.

Date:	School/Site:	P/VP or Supervisor:
Worker:	Title:	JOHS Worker Rep:
Aggressor's Name: _____		
<input type="checkbox"/> Student DOB: _____ Grade: ____ <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		
Existing Safety Plan: Y / N		Existing Worker Safety Plan: Y / N

Documentation – Sequence of Events (including preceding incident)

Preliminary Incident Description: Risk/Hazard Background Information
Full Incident Description:

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
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Date(s)/Time(s) of exposure to risk	Date(s): _____ Time(s): _____
Who is at risk?	<input type="checkbox"/> Teacher <input type="checkbox"/> EAG/DEA/EAP <input type="checkbox"/> YFC <input type="checkbox"/> P/VP <input type="checkbox"/> Supervisor <input type="checkbox"/> Custodian <input type="checkbox"/> Bus Driver <input type="checkbox"/> TOC <input type="checkbox"/> Spareboard EA <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____
Where are workers at risk? (Describe specific locations in workplace)	<input type="checkbox"/> All areas in workplace <input type="checkbox"/> School grounds/playground <input type="checkbox"/> Classroom <input type="checkbox"/> Library <input type="checkbox"/> Gym <input type="checkbox"/> Shop/Lab Class <input type="checkbox"/> Field Trip <input type="checkbox"/> Other _____
When are workers at risk?	<input type="checkbox"/> Time of Day: _____ <input type="checkbox"/> Working Alone <input type="checkbox"/> During Specific Activities _____

Form 2 (cont'd)



Incident Investigation

Worker Group: GVTA CUPE 382 CUPE 947 ASA OTHER _____

Date of incident: _____ Time: _____

Witnesses:

Name: _____ Title: _____ Name: _____ Title: _____

<p>Preliminary Contributing Factors</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Preliminary Root Cause(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Full Contributing Factors</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Full Root Cause(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Preliminary Corrective Actions	Person Responsible	Action Date	Status
1.			
2.			
3.			
4.			
Full Corrective Actions			
1.			
2.			
3.			
4.			

Recommendations to be completed by: _____ (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.