**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: |  | | | School/Site: | |  | | | | P/VP or Supervisor: | | |  |
| Worker: | |  | | | Title: | | |  | | JOHS Worker Rep: | | |  |
| Aggressor’s Name: | | | |  | | | | | | | | | |
| Student | | | DOB: | | | | Grade: | | Parent | | Other: | | |
| Existing Safety Plan: | | | | Yes  No | | | | Existing Worker Safety Plan: | | | | Yes  No | |

**Documentation - Brief Summary (use additional pages if required)**

Describe Incident: Risk/Hazard Background Information

|  |
| --- |
|  |

**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): | Times: |
| **Who is at risk?** | Teacher  EAG/DEA/EAP  YFC  P/VP  Supervisor  Custodian  Bus Driver  TOC  Spareboard EA  Clerical  Other | |
| **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 | |
| **When are workers at risk?** | Time of Day:        Working Alone  During Specific Activities | |

**Incident Investigation**

Worker Group:  GVTA  CUPE 382  CUPE 947  ASA  OTHER

|  |  |
| --- | --- |
| Date of Incident: | Time: |

Witnesses:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Title: | Name: | Title: |

**Contributing Factors**

|  |
| --- |
|  |

**Root Cause(s)**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Corrective Actions** | | **Person Responsible** | **Action Date** | **Status** |
| 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 |
|  |  |  |  |
|  | Name | Signature | Date |

**Copies to:**

|  |  |  |
| --- | --- | --- |
| Associate Superintended (via email) | P/VP or Supervisor (redacted version to be shared with JOHS Committee | HR ([cmerner@sd61.bc.ca](mailto:cmerner@sd61.bc.ca)) |
| District Behavioural Consultant  ([dmarchant@sd61.bc.ca](mailto:dmarchant@sd61.bc.ca)) | Worker (redacted) |  |

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