**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/orfelt 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) |
| [ ]  District Behavioural Consultant  (dmarchant@sd61.bc.ca) | [ ]  Worker (redacted) |  |

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