

## Form 2



# 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.  
-Complete preliminary within 48 hours and full within 20 days.

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

<b>Low:</b> minor injury and/or felt uncomfortable	<b>Moderate:</b> moderate injury and/or felt unsafe	<b>High:</b> major injury and/or put at risk
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<b>Date(s)/Time(s) of exposure to risk</b>	Date(s): _____ Time(s): _____
<b>Who is at risk?</b>	<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 _____
<b>Where are workers at risk?</b> (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 _____
<b>When are workers at risk?</b>	<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><b>Preliminary Contributing Factors</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Full Contributing Factors</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Preliminary Root Cause(s)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Full Root Cause(s)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

**Provide 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**)

Created: 09/02/2014

Revised: 17/01/2017