

Appendix E: Violence Incident Report Forms (OSHA, 1998)

SAMPLE

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

(Sample/Draft - Adapt to your own location and business circumstances)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident: _____

Map/sketch on reverse side or attached

From: _____ Phone: _____ Time of Incident: _____

Nature of the incident: (xx all applicable boxes)

_____ Assaults or violent acts: _____ Type "1" _____ Type "2" _____ Type "3" _____ Other

_____ Preventative or warning report

_____ Bomb or terrorist type threat (special checklists attached) Yes No

_____ Transportation accident

_____ Contacts with objects or equipment

_____ Falls

_____ Exposures

_____ Fires or explosions

_____ Other

Legal counsel advised of incident Yes No

EAP advised Yes No

Warning or preventative measures Yes No

Number of persons affected _____

(For each person complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of affected person(s) _____ Service date _____

Position: _____ member of labor organization Yes No

Supervisor: _____ has supervisor been notified Yes No

Family: _____ has been notified by _____ Yes No

Lost work time Yes No

Anticipated return to work _____

Third parties or non-employee involvement Yes No (include contractor and lease employees, visitors, vendors, customers)

Nature of the incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details; (4) equipment/weapon details; (5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol (were tests taken to verify same

Yes No); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.)

Previous or related incidents of this type Yes No or by this person Yes No

Preventative steps Yes No OSHA log or other OSHA action required Yes No

Incident Response Team:

Team Leader _____
Signature Date

Source: Reprinted with permission of Karen Smith Keinbaum, Esq., Counsel to the Law Firm of Abbott, Nicholson, Quilter, Esshaki & Youngblood, P. C., Detroit, MI

Violence Incident Report Forms

SAMPLE

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date: _____ 2. Specific Location:
Day of week: _____
Time: _____
Assailant: Female _____ Male _____

3. Violence directed towards: _____ Patient _____ Staff _____ Visitor _____ Other
Assailant: _____ Patient _____ Staff _____ Visitor _____ Other
Assailant's Name: _____
Assailant: _____ Unarmed _____ Armed (weapon) _____

-
4. Predisposing factors:
- | | |
|---|--|
| <input type="checkbox"/> Intoxication | <input type="checkbox"/> Dissatisfied with care/waiting time |
| <input type="checkbox"/> Grief reaction | <input type="checkbox"/> Prior history of violence |
| <input type="checkbox"/> Gang related | |
| <input type="checkbox"/> Other (Describe) _____ | |

-
- | | | |
|---|------------------------------|------------------------|
| 5. Description of incident: | 6. Injuries: | 7. Extent of Injuries: |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> No | |
| <input type="checkbox"/> Other | | |

-
8. Detailed description of the incident:

-
9. Did any person leave the area because of incident?
- Yes No Unable to determine

-
10. Present at time of incident:
- | | | |
|--|-------|--------------------|
| <input type="checkbox"/> Police | _____ | Name of department |
| <input type="checkbox"/> Hospital security officer | | |

11. Needed to call:
- | | | |
|--|-------|------------|
| <input type="checkbox"/> Police | _____ | Department |
| <input type="checkbox"/> Hospital security | | |

-
12. Termination of incident:
- | | | |
|--------------------|------------------------------|-----------------------------|
| Incident diffused | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police notified | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assailant arrested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

-
- | | |
|-------------------------------|---|
| 13. Disposition of assailant: | 14. Restraints used: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stayed on premises _____ | |
| Escorted off premises _____ | Type: _____ |
| Left on own _____ | |
| Other _____ | |
-

15. Report completed by: _____ Title: _____
Witnesses: _____
Supervisor notified: _____ Time: _____

Please put additional comments, according to numbered section, on reverse side of form.

Source: Reprinted with permission of the Metropolitan Chicago Healthcare Council, *Guidelines for Dealing with Violence in Health Care*, Chicago, IL, 1995.