TOOL TYPE FORM
GEOGRAPHY ALL

LAST REVIEWED 2/25/13
Source: CANADIAN

CANADIAN
INITIATIVE ON
WORKPLACE
VIOLENCE

THREAT ASSESSMENT TEAM REPORT FORM

BENEFITS

Because the OHS laws require employers to protect workers from violence in the workplace, you must take threats against a worker seriously. One way to handle such threats appropriately is by establishing a threat assessment team. The team will investigate all threats of violence, determine the risk they present and propose strategies to eliminate or reduce that risk. These findings should be contained in a report.

HOW TO USE THE TOOL

Your threat assessment team can use a form such as this one to report the results of its investigation into a threat of violence. This form, which is adapted from one from the Canadian Initiative on Workplace Violence, is based on the risk factors spelled out in HCR-20. You should adapt the form for the risk assessment process, tool and/or factors that your team uses and your team's rules of procedure.

OTHER RESOURCES:

Canadian Initiative on Workplace Violence

Workplace Violence: How to Establish an Effective Threat Assessment Team

Recorded Webinar: Use a Team to Assess Threats of Violence

Workplace Violence Compliance Centre

SAFE System on Workplace Violence

Safety Talk on Preventing Workplace Violence

THREAT ASSESSMENT TEAM REPORT FORM

NAME OF TARGET OF THREAT:				
NAME OF MAKER OF THREAT:				
NAME OF PERSON COMPLETING THIS FORM:				
DATE OF COMPLETION:				
LIST ALL INFORMATION SOURCES AND DOCUMENTS REVIEWED AS PART OF ASSESSME	NT:			
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HISTORICAL FACTORS				
Indicate if any of the following factors were present:	VEC	NO		
Pura de la constancia d	YES	NO		
Previous violence				
Age of first violent incident Employment problems				
Substance abuse problems				
Major mental illness				
Psychopathy (as determined by a qualified professional)				
Early maladjustment				
	1	i		

Personality disorder (as determined by a qualified professional)			
Prior supervision failure			
If you indicated yes to any of the above, explain in detail below:			
in you maleated yes to any or the above, explain in detail below.			
CLINICAL FACTORS			
Indicate if any of the following factors were present:			
	YES	NO	
Lack of insight			
Negative attitude			
Active symptoms of major mental illness (as determined by a qualified professional)			
Impulsivity			
Unresponsive to treatment	1	l.	
If you indicated yes to any of the above, explain in detail below:			
If you indicated yes to any of the above, explain in detail below:			
If you indicated yes to any of the above, explain in detail below:			

DICK MANIACEMENT FACTORS		
RISK MANAGEMENT FACTORS Indicate if any of the following factors were present:		
indicate it any of the following factors were present.	YES	NO
Plans lack feasibility	TLS	INO
Exposure to destabilizers		
Lack of personal support		
Noncompliance with remedial attempts		
Stress		
Other risk management factors		
If you indicated yes to any of the above, explain in detail below:		
in you maleated yes to any of the above, explain in actail below.		

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RISK LEVEL:	HIGH	MODERATE	Low	
RISK LEVEL: REPORT LIMITATIONS:	HIGH	MODERATE	LOW	
	HIGH	MODERATE	LOW	
	HIGH	MODERATE	LOW	
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RISK ABATEMENT PLANS:	
FOLLOW-UP DATE:	
SIGNATURE OF PERSON COMPLETING FORM:	
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