

Violence prevention plan

Date: _____

Name(s) of worker(s):

Area of work:

School/worksite: _____

Committee Members: _____

Description of hazard/incident:
Triggers:

Controls	Plan	Person responsible	Review date
Engineering e.g. physical arrangements/ barriers			
Administrative e.g. scheduling, staffing, training			
Personal protection e.g. call for help, physical distance			
Plan if controls fail:			
Return to school criteria:			