

SAFE PASSAGE YOUTH FOUNDATION

WORKPLACE VIOLENCE HAZARD ASSESSMENT FORM

Company Name: SAFE PASSAGE YOUTH FOUNDATION **Location:** 482
GREENMEADOW AVE, THOUSAND OAKS CA 91361

Date: 07/06/2024 **Assessment Conducted By:** TIMOTHY HAGEL

Instructions: Please evaluate each section and provide detailed information regarding potential workplace violence hazards. Use additional sheets if necessary.

1. General Information

Department/Area Name: SAFE PASSAGE

Supervisor's Name: TIMOTHY HAGEL

Number of Employees: 15

Shifts: 8 AM TO 5 PM

2. General Housekeeping

- Please verify the following:

☒ The workplace has a written Workplace Violence Prevention Plan (WVPP) in place.

☒ The WVPP is communicated to all employees.

☒ Employees are engaged and involved.

☒ The WVPP includes procedures for reporting and responding to workplace violence incidents.

☐ Training on workplace violence prevention is conducted and documented.

☒ Emergency response procedures are in place and communicated.

☒ Workplace hazards are regularly assessed and addressed.

☒ Workplace violent incident log is up to date.

- **Building/Location Security:**

- ☒ Adequate
- ☐ Inadequate
- ☐ N/A

- **Lighting:**

- ☒ Adequate
- ☐ Inadequate
- ☐ N/A

- **Secure Entry/Exit Points:**

- ☒ Adequate
- ☐ Inadequate
- ☐ N/A

- **Surveillance Equipment:**

- ☒ Adequate *RWS*
- ☐ Inadequate
- ☒ N/A

5. Work Practices and Policies

- **Conflict Resolution Policy:**

- ☒ Comprehensive
- ☐ Needs improvement
- ☐ N/A

- **Emergency Response Plan – Alerting Employees to Workplace Violence Emergencies:**

- Based on the assessment, list recommended actions to prevent workplace violence hazards.

1. NONE

2. _____

3. _____

8. Follow-Up Plan

- Specify the timeframe for implementing the recommended actions.

Actions Complete

9. Review and Monitoring

- Indicate how often the hazard assessment will be reviewed and by whom, as required by Cal/OSHA and California Labor Code Section 6401.9.

10. Signatures

Assessor's Signature: _____

Date: 7/5/24

Supervisor's Signature (if applicable): _____

Date: 7/6/24