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

Workplace violent incident log is up to date.

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

1. General Information

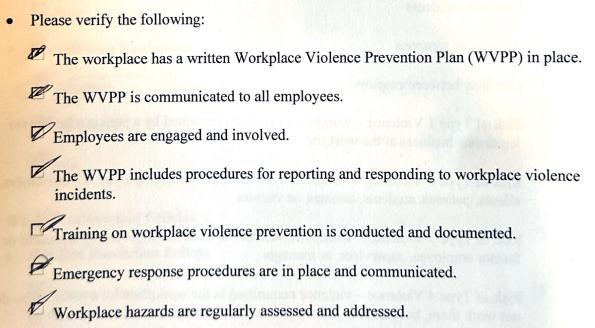
Department/Area Name: SAFE PASSAGE

Supervisor's Name: TIMOTHY HAGEL

Number of Employees: 15

Shifts: 8 AM TO 5 PM

2. General Housekeeping



	Building/Location Security:	
	Adequate	
	☐ Inadequate	
	□ N/A	
	• Lighting:	
	Adequate	
	☐ Inadequate	
	□ _{N/A}	
	Secure Entry/Exit Points:	
	Adequate	
	☐ Inadequate	
	□ _{N/A}	
	Surveillance Equipment:	
	Adequate Rung	
	☐ Inadequate	
	₽ _{N/A}	
5.	Work Practices and Policies	
	• Conflict Resolution Policy:	
	Comprehensive	
	□ Needs improvement	
	□ N/A	
	• Emergency Response Plan – Alerting Emergencies:	Employees to Workplace Violence

	Based on the assessment, list recommended actions to prevent workplace hazards.	violence
	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, Cal/OSHA and California Labor Code Section 6401.9. 	as required by
10	Assessor's Signature: Date: 7/6/	124
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	Supervisor's Signature (if applicable):	
	Date: 7/6/24	