# Inspection Instructions:

When inspecting a business to identify workplace violence risks associated with SB 553 in California, consider including the following items:

* **Physical environment assessment**: Evaluate the layout of the workplace, including entrances, exits, parking areas, and other points of access. Identify areas with limited visibility or potential hiding spots.
* **Security measures:** Review existing security measures such as surveillance cameras, access control systems, and alarm systems. Assess their effectiveness in deterring and responding to potential threats.
* **Workforce demographics:** Analyze the demographics of the workforce, including age, gender, ethnicity, and job roles. Identify any groups that may be at higher risk of experiencing or perpetrating workplace violence.
* **Previous incidents:** Review records of previous incidents or complaints related to workplace violence. Identify patterns or trends that may indicate areas of concern or areas for improvement.
* **Employee training:** Assess the effectiveness of existing training programs on workplace violence prevention and response. Determine if employees are adequately trained to recognize warning signs, de-escalate conflicts, and report incidents.
* **Communication channels:** Evaluate the accessibility and effectiveness of communication channels for reporting safety concerns or incidents of workplace violence. Ensure employees feel comfortable reporting incidents and know how to access support.
* **Emergency response plan:** Review the organization's emergency response plan, including procedures for responding to active threats or violent incidents. Ensure employees are aware of their roles and responsibilities in an emergency situation.
* **External factors:** Consider external factors that may increase the risk of workplace violence, such as proximity to high-crime areas or interactions with volatile customers or clients. Develop strategies to mitigate these risks.

By conducting a thorough inspection that addresses these key areas, businesses can identify workplace violence risks and take proactive steps to mitigate them in accordance with SB 553 requirements.

Please use the attached Inspection form to complete an initial inspection of your workplace facilities and be sure to reassess on a regular basis as well as when any new risks become apparent.

# Workplace Violence Risk Assessment

Type of Inspection: □ Initial □ Periodic □ Incident

Completed by: Date:

Areas Inspected: □ Entire workplace □ Partial Area

|  |  |  |  |
| --- | --- | --- | --- |
| P | # | Task | Evaluation Items |
|  | 1 | Is the exterior of the office or building secure and well lit to deter theft or other malicious activity? | * Is there sufficient lighting? * Is the security system working? * Are all doors and windows secure? |
|  | 2 | Are signs posted indicating limited cash is kept on-site? | * Legible sign in visible area |
|  | 3 | Do employees know what to do in the event of a robbery or another crime? | * Q&A * Safe simulation |
|  | 4 | Do employees know how to accurately assess suspicious activity without racial profiling? Do they know how to report it? | * Q&A |
|  | 5 | Are emergency buttons and alarms in an effective location? Do all of them work? | * Controlled test, coordinated with law enforcement, as necessary |
|  | 6 | Do employees have rapid access to a list of emergency telephone numbers for security, law enforcement, fire, and medical services? | * Legible, up-to-date sign in visible area |
|  | 7 | Is the amount of cash kept on the premises limited? Are time access safes used for large bills? | * Physical observation and inspection |
|  | 8 | Do workers have effective escape routes from the workplace? Is there a designated safe area where they can go in an emergency? | * Physical observation and inspection * Are exits clearly identified? |
|  | 9 | Can internal doors and rooms be locked? | * Physical observation and inspection |
|  | 10 | Do workers have access to a telephone with an outside line? | * Physical observation and inspection |
|  | 11 | Does the facility have visitors check in at an entrance station to be identified and granted clearance before they proceed into the workplace? | * Physical observation * Safe simulation |
|  | 12 | In a business receiving public visitors, are there areas which are restricted to employees only? Are they secured from unauthorized access? | * Physical observation * Safe simulation |
|  | 13 | Are entrances and exits other than primary access locations secure and locked during working hours? | * Physical observation * Are signs clearly visible that doors must remain locked during work hours? |

# Violence Incident Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident**  **#** | **Location(s) of Incident** | **Workplace Violence Type** (1,2,3,4) | **Date of Incident** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Use the accompanying form to provide the following details in the event of a workplace violence incident:**

**Explain:** *Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on separate sheet of paper if necessary.*

**Workplace violence committed by:** *For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator.*

**Circumstances at the time of the incident:** *Write/type what was happening at the time of the incident, including, but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.*

**Where the incident occurred:** *Where the incident occurred, such as in the workplace, parking lot or other area outside the workplace, or other area.*

**Consequences of the incident, including, but not limited to:**

* *Whether security or law enforcement was contacted and their response.*
* *Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident. Include information on what the consequences of the incident were.*

**Were there any injuries? Yes or No. Please explain:**

**Were emergency medical responders other than law enforcement contacted**. This could be Fire Department, Paramedics, On-site First-aid certified personnel? Yes or No.

**If yes, explain below:**

**Did the severity of the injuries require reporting to Cal/OSHA?** If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

**A copy of this violent incident log needs to be provided to the employer**. Indicate when it was provided and to whom.

# Violence Incident Detail

Violence Incident Number: Date:

Person Completing Form: Title:

**Explain:**

**Workplace violence committed by:**

**Circumstances at the time of the incident:**

**Where the incident occurred:**

**Consequences of the incident:**

**Were there any injuries?** □ Yes □ No

**If Yes, please explain:**

**Were emergency medical responders other than law enforcement contacted**: □ Yes □ No

If Yes, please explain:

**Did the severity of the injuries require reporting to Cal/OSHA?** □ Yes □ No

A copy of this violent incident log needs to be provided to the employer.

# Workplace Violence Prevention Training Log

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| Employee Name | Subject Covered | Date |
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Instructor Name:

Instructor Signature: Date: