Workplace Violence Incident Log
City of Avenal

This log must be used for every workplace violence incident that occurs in our workplace. At a minimum, it will include the information required by LC section 6401.9(d) such as below:

- **Information provided by the employees who experienced the incident of violence.**
- **Witness statements.**
- **All other investigation findings.**

All information that personally identifies the individual(s) involved will be omitted from this log, such as:

1) Names; 2) Addresses – physical and electronic; 3) Telephone numbers;
4) Social security number

I. Date of Incident: _____

II. Time of Incident: _____

Location(s) of Incident	Violence Type (1, 2, 3, or 4)

Check which of the following describes the type(s) of incident, and explain in detail:

"Type of Incident" specifically refers to the nature or characteristics of the incident being logged. It does not refer to the type of workplace violence.

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object
- Threat of physical force or threat of the use of a weapon or other object
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack
- Other

III. Provide a detailed description of the incident and any additional information on the violence incident type and what it included: _____
_____
_____
_____

IV. 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.*

V. Circumstances at the time of the incident:

_____

***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*

VI. Where the incident occurred:

_____

***Such as in the workplace, parking lot or other area outside the workplace, or other area.*

VII. Consequences of the incident, including, but not limited to:

_____

***For example, whether security or law enforcement was contacted and their response. Include actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident.*

VIII. Were there any injuries? Yes **[ ]** or No **[ ]**.

IX. Were emergency medical responders other than law enforcement contacted, such as a Fire Department, Paramedics, On-site First-aid certified personnel? Yes **[ ]** or No **[ ]**.
If yes, explain below:
_____

X. 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._

_____

This violent incident log was completed by:

Name: _____

Title: _____

Signature: _____

Date: _____