

CSEA Workplace Violence Prevention (WVP) Program Evaluation Form (NYS DOL 12 NYCRR Part 800.6)

Employer Name:

Work Location:

Evaluation Date:

Workplace Violence Prevention (WVP) Program Questions	YES	NO	?
1. Has your employer developed a written WVP Policy, required by paragraph (e)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the policy posted with the other required employee postings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does it state the WV program goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does it state there will be full employee participation through the Authorized Employee Representative(s) (AER(s))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does it briefly state the employers WV prevention policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does it state the alerting procedures for a WV incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does it state the notification procedures for a WV incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your employer conducted a WV Risk Evaluation and Determination (RE&D), required by paragraph (f)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Did it include an examination of injury records, like the SH900s, that identified patterns in the types and causes of WV injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did it include an examination of relevant policies, work practices and procedures that impact the risk of WV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did it include an evaluation of the workplace, with the AERs, to identify factors that place employees at risk of WV, like working: in public, early or late hours, with money, alone or in small groups, in areas of uncontrolled public access, or previous problem areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workplace Violence Prevention (WVP) Program Questions	YES	NO	?
3. Has your employer, if there are more than 20 employees, developed a written WVP Program, required by paragraph (g)(1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Was the program developed with input from the AER(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did that input include a review of workplace situations that pose a threat of WPV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did that input include a review of the proposed WVP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the written WVP program include these sections, required by paragraph (g)(2):			
a. A listing of the WV risk factors identified in the RE&D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The control methods used to prevent the incidence of WV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The “hierarchy of controls” used to select WV control methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The “methods and means” to address each WV hazard identified in the RE&D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. An outline of the lesson plan for employee training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The plan for program review and update, at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The identification of mitigating steps in response to WV incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. WV information confidentiality as it relates to law enforcement, fair trial rights, confidential sources, criminal investigation techniques and/or the life and safety of any person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your employer give WVP training upon hire, annually and after any program change, required by paragraph (h)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. It reviews the regulatory requirements and WV risk factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It describes WVP measures and procedures like: incident alerts, work practices, emergency procedures and security alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It gives location and availability of the written WVP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workplace Violence Prevention (WVP) Program Questions	YES	NO	?
6. Has your employer developed a WV incident reporting and recording system, required by paragraph (i)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Have they developed a WV incident reporting form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the incident reports used as part of the program reviews, performed at least annually, with the participation of the AERs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If there is a developing pattern of criminal WV, have they attempted to develop a protocol with the DA or PD, to ensure the incidents are promptly investigated and prosecuted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are employees, who want to file a criminal complaint, informed of the protocol, and provided with contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the WV incident report form contain spaces for recording the following information, required by paragraph (i)(3):			
a. Work location where the incident occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Time of day/shift when the incident occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Events leading up to the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Description of the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Description of how the incident ended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Names and job titles of employees involved in the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Nature and extent of injuries caused by the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Name of witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Space to identify the incident as a privacy concern case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:			
Portions:	÷41=	÷41=	÷41=
Percentages:	x100=	x100=	x100=