The following items serve merely as an example of what might be used or modified by employers to help identify potential workplace violence problems.

Date: Day of week: Time:	
Assailant: Female N	Male
3. Violence directed	PatientStaffVisitorOther
Assailant: Assailant's Name:	PatientStaffVisitorOther
Assailant:	UnarmedArmed (weapon)
4. Predisposing factors:	Intoxication Dissatisfied with Grief reaction care/waiting time Gang related Prior history of violence Other (Describe)
5. Description of incident: Physical abuse Verbal abuse Other	6. Injuries:7. Extent of InjuriYesNo
Other	
3. Detailed description of the	ne incident:
	ne incident:
	ne incident:

10. Present at time of incident:	11. Needed to call:
Police Name of department	Police Department
Hospital security officer	Hospital security
12. Termination of incident: Incident diffused Yes No Police notified Yes No Assailant arrested Yes No	
13. Disposition of assailant:	14. Restraints used: Yes No
Stayed on premises	
Escorted off premises	Туре:
Left on own	
Other	-
15. Report completed by:	Title:
Witnesses:	
Supervisor notified:	Time:
-	s, according to numbered section, side of form
*This form was taken from: <i>Guidelines for</i>	Preventing Workplace Violence for Head
Care and Social Service Workers. OSHA	Publication 3148, (1996).