



Workplace Violence Risk Assessment

Site:	Site / Area: Conducted on: By: Reviewed on: Reviewed by:	Region:	
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Ref #	Nature of Hazard	Describe the Safety Risk	Suggested Risk Controls	Adequate		Risk Rating for NO
				Yes	No	
				✓	x	
Environment						
	<ul style="list-style-type: none"> ▪ Concealment ▪ Graffiti ▪ Vandalism ▪ Theft ▪ Unauthorised entry ▪ Entrapment ▪ Assault 	<ul style="list-style-type: none"> ▪ Robbery or assault ▪ Disturbing an offender may lead to assault 				
	<ul style="list-style-type: none"> ▪ Arson 	<ul style="list-style-type: none"> ▪ Fire 				
	<ul style="list-style-type: none"> ▪ Unauthorised entry ▪ Entrapment ▪ Assault 	<ul style="list-style-type: none"> ▪ Robbery or assault ▪ Disturbing an offender may lead to assault 				

WACHS Workplace Violence Risk Assessment Form

Ref #	Nature of Hazard	Describe the Safety Risk	Suggested Risk Controls	Adequate		Risk Rating for NO
				Yes	No	
				✓	x	
Inadequate Lighting						
	<ul style="list-style-type: none"> ▪ Concealment ▪ Graffiti ▪ Vandalism ▪ Theft ▪ Unauthorised entry 	<ul style="list-style-type: none"> ▪ Robbery or assault ▪ Disturbing an offender may lead to assault 				
	<ul style="list-style-type: none"> ▪ Abuse from distressed persons 					
	<ul style="list-style-type: none"> ▪ Unsafe disposal of fit packs 					
Poor Visibility						
	<ul style="list-style-type: none"> ▪ Assault ▪ Unauthorised entry ▪ Theft 	<ul style="list-style-type: none"> ▪ Physical assault ▪ Robbery 				
Lack of Access Control						
	<ul style="list-style-type: none"> ▪ Assault ▪ Unauthorised entry ▪ Entrapment ▪ Theft 	<ul style="list-style-type: none"> ▪ Impeded emergency egress ▪ Robbery or assault ▪ Disturbing an offender may lead to assault 				

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Ref #	Nature of Hazard	Describe the Safety Risk	Suggested Risk Controls	Adequate		Risk Rating for NO
				Yes	No	
				✓	x	
Systems of Work						
	<ul style="list-style-type: none"> ▪ Concealment ▪ Graffiti ▪ Vandalism ▪ Theft ▪ Unauthorised entry ▪ Entrapment ▪ Assault 	<ul style="list-style-type: none"> ▪ Robbery ▪ Physical assault ▪ Verbal assault ▪ Disturbing an offender may lead to assault ▪ Use of a weapon Opportunistic crime 				
Emergency Department Design						
	<ul style="list-style-type: none"> ▪ Assault ▪ Unauthorised entry ▪ Entrapment ▪ Theft 	<ul style="list-style-type: none"> ▪ Verbal assault ▪ Physical assault ▪ Use of a weapon 				

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Ref #	Nature of Hazard	Describe the Safety Risk	Suggested Risk Controls	Adequate		Risk Rating for NO
				Yes	No	
				✓	x	
Interview Consultation Room Design						
	<ul style="list-style-type: none"> ▪ Assault ▪ Unauthorised entry ▪ Entrapment ▪ Theft 	<ul style="list-style-type: none"> ▪ Verbal assault ▪ Physical assault ▪ Use of a weapon 				

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Contact:	WACHS Work Health and Safety Manager (J. Wilkes)		
Directorate:	People, Capability and Culture	TRIM Record #	ED-CO-20-72242
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SAFETY IMPROVEMENT ACTION PLAN (SIAP)

ISSUES IDENTIFIED AND ADDRESSED:

To be used in conjunction with [DOH Risk Matrix](#)

Ref	Current Level of Risk				Controls/Corrective Actions	Revised Level of Risk				Date Corrective Actions Implemented	Responsible Person	SRRF Completed Yes/No
	L ✓	M ✓	H ✓	E ✓		L ✓	M ✓	H ✓	E ✓			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Workplace Inspection Conducted by:			
Name			
Sign/HE number		Date	
Name			
Sign/HE number		Date	

Received by Manager:			
Name			
Sign/HE number		Date	

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Ref	Current Level of Risk				Controls/Corrective Actions	Current Level of Risk				Date Corrective Actions Implemented	Responsible Person(s) <i>(name and position)</i>	SRRF Completed Yes/No
	L ✓	M ✓	H ✓	E ✓		L ✓	M ✓	H ✓	E ✓			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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