# **EXHIBIT 1 – FORM OF VIOLENT INCIDENT LOG**

**THE DATE AND TIME OF THE INCIDENT**:

**LOCATION OF THE INCIDENT**:

**WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED**?

**DETAILED DESCRIPTION OF THE EVENT**:

**DETAILED DESCRIPTION OF ANY INJURY, PSYCHOLOGICAL, TRAUMA, OR STRESS**:

**WHO COMMITTED THE VIOLENCE?**

**WHAT WERE THE CIRCUMSTANCES AT THE TIME OF THE INCIDENT?**

**WHERE DID THE INCIDENT OCCUR?**

**WHAT TYPE OF WORKPLACE VIOLENCE OCCURRED?**

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:

**WHAT WERE THE 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 any other hazards identified as a result of incident:

WAS THE WORKPLACE VIOLENCE PREVENTION PLAN REVIEWED AFTER THIS INCIDENT? (YES OR NO) \_\_\_\_\_\_\_\_

WAS THE WORKPLACE VIOLENCE PREVENTION PLAN REVISED DUE TO THIS INCIDENT AND IF SO, HOW?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS LOG COMPLETED BY:**

NAME:

JOB TITLE:

DATE COMPLETED: