

Risk Assessment Summary Report Form

1. Agency/Facility: _____

2. Report date: _____

3. Members of the Committee that completed this assessment:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Date(s) of assessment: _____

5. Indicate all data reviewed by the Committee:

a) Relevant policies _____

b) Injury /incident data (list all sources)

workplace violence incident log _____

SH-900 Log _____

Workers' Compensation data _____

Other data (specify: restraints, unusual incidents, etc) _____

c) Physical plant assessments (include copy of risk assessment form) _____

d) Staff questionnaire survey _____

e) Focus groups _____

f) Other (list) _____

6. Summarize key findings (use attachment, as necessary):

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7. List recommendations by following categories (use attachment, as necessary):
(Consider cost and other feasibility, significance of the risk factor that it addresses, etc. Long term items may require research, budget appropriations or high-level approvals)

a) Immediate: (within 60 days)

b) Intermediate (60-90 days):

c) Long Term (more than 90 days):

Copy sent to: _____

