

Management of Anti-Social Behaviour Checklist

To be used in conjunction with the Management of Anti-Social Behaviour Policy and guidance notes.

Name: _____ Job Title: _____

Department & Division _____

	Yes	No	Comments/action required
Have you explained the Council's policy in relation to:			
The workplace risk assessment – individual/generic?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the risk assessment been reviewed in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Risk assessment(s) contents discussed with individuals undertaking activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the following risk assessments and procedures been discussed with respective team/individuals concerned:			
• Lone working guidance HST61 discussed with team/individual (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
• Lone working risk assessment in place	<input type="checkbox"/>	<input type="checkbox"/>	
• Cash handling risk assessment and procedures	<input type="checkbox"/>	<input type="checkbox"/>	
• Telephone abuse/malicious calls procedures	<input type="checkbox"/>	<input type="checkbox"/>	
• Keyholder procedures	<input type="checkbox"/>	<input type="checkbox"/>	
• Emergency procedures – including what action to take in the event of concern being raised for an individuals safety both:	<input type="checkbox"/>	<input type="checkbox"/>	
• During office hours	<input type="checkbox"/>	<input type="checkbox"/>	
• Out of office hours	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm key holder?	<input type="checkbox"/>	<input type="checkbox"/>	
• Procedures discussed	<input type="checkbox"/>	<input type="checkbox"/>	
• Equipment provided (circle appropriate item(s):			
○ pager			
○ mobile phone			
○ personal attack alarm			
○ torch			
○ dog dazer			
○ whistle			
○ other – please specify			
Physical intervention required?	<input type="checkbox"/>	<input type="checkbox"/>	
• Training provided	<input type="checkbox"/>	<input type="checkbox"/>	
• Procedures discussed	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing levels – minimum cover required?	<input type="checkbox"/>	<input type="checkbox"/>	

Staff support available following incident:		
<ul style="list-style-type: none"> Individual noted Occupational Health counselling service contact number: 253 5156/5055 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Individual noted Victim Support (Police) contact Number: 0845 3030900 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Accident/incident form (HS1) completed? 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: An employer is liable for harassment if an employee is harassed by a third party (e.g. a customer) and the employer failed to take reasonable steps to prevent it.</p> <p>This liability does not arise unless the employer knows of at least 2 other occasions when that employee has been harassed by a third party, though it need not be the same third party.</p>		
<ul style="list-style-type: none"> Has employee been harassed on 2 occasions? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If so has risk assessment been reviewed to incorporate reasonable steps/control measures to prevent reoccurrence? 	<input type="checkbox"/>	<input type="checkbox"/>
Review of risk assessment following incident	<input type="checkbox"/>	<input type="checkbox"/>
Dignity at Work Policy discussed	<input type="checkbox"/>	<input type="checkbox"/>
Team/individual review planned: _____	<input type="checkbox"/>	<input type="checkbox"/>

Note here any additional information, instruction and training highlighted as being **mandatory** during the meeting and also any additional training required:

Declaration		
I certify that the above areas in relation to the management of anti-social behaviour at work have been explained.		
Carried out by: <i>(please include job title)</i>		Date:
Employee signature:		Date:

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