



SCHOOL DISTRICT 58 (Nicola-Similkameen)

Field Trip / Off-Site Violence Risk Assessment

Date/time: _____ Lead employee: _____

Trip/activity:

Location:

Students/participants:



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Known violence-related risks:

Staffing/supervision plan:

Communication / check-in method:

Emergency assistance / 911 access:



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Transportation / safe exit plan:

Individualized safety instructions required: **yes / no**

Additional controls:

Assessment completed by: _____ **Date:** _____

Principal/supervisor review: _____

OHS Committee Rep review: _____