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S C O U T™
Safety Culture Optimization, Understanding, and Training
a NobleSix Initiative



Threat Assessment Checklist

(Company Name)

Threat Assessment Checklist

Instructions: Use this checklist to evaluate and document potential threats to safety and security within the company. This checklist should be completed by the Threat Assessment Team (TAT) following the receipt of a Threat Reporting Form.

Part 1: Initial Assessment

1. **Date of Threat Report:**
2. **Time of Threat Report:**
3. **Received By:**
4. **Reporter's Name (if known):**
5. **Nature of Threat:**
6. **Summary of Threat Report:**

Part 2: Threat Evaluation

1. **Credibility of Threat:**
 - Low
 - Medium
 - High

2. Specificity of Threat:

General

Specific

3. Target(s) Identified:

Yes

No

If yes, specify:

4. History of Similar Incidents:

Yes

No

If yes, describe: _____

Part 3: Individual's Background

1. Prior Behavioral Issues:

None

Minor

Serious

2. Employment History:

Length of Employment:

Performance Record:

Satisfactory

Unsatisfactory

3. Mental Health Concerns:

Yes

No

Unknown

If yes, specify:

Part 4: Contextual Factors

1. **Current Stressors (e.g., personal, financial, professional):**

2. **Access to Means (e.g., weapons, tools):**

Yes

No

Unknown

If yes, specify:

Part 5: Risk Level Determination

1. **Overall Risk Level:**

Low

Medium

High

2. **Justification for Risk Level:**

Part 6: Response Plan

1. **Immediate Actions**

Increase security presence

Temporary suspension of individual

Notification of law enforcement

Other (specify):

2. Long-Term Actions:

- Counseling or EAP referral
- Adjust work duties or environment
- Continued monitoring
- Other (specify):

3. Communication Plan:

- Notify relevant staff
 - Communicate with target(s)
 - Maintain confidentiality
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Part 7: Follow-Up

1. Scheduled Follow-Up Date:

2. Follow-Up Actions Required:

- Re-assessment of threat
- Check-in with involved parties
- Update security measures
- Other (specify):

3. Comments and Observations:

Signatures:

- **Assessment Conducted By:**
 - **Date:**
 - **Reviewed By:**
 - **Date:**
-

Confidentiality Notice: This document is confidential and intended for use by the Threat Assessment Team and authorized personnel only. Unauthorized disclosure of this information is prohibited.

Contact Information for Threat Assessment Team:

- **HR Contact:**
 - **Phone Number:**
 - **Email Address:**
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Thank you for helping to maintain a safe and secure environment at