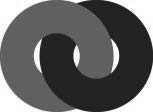
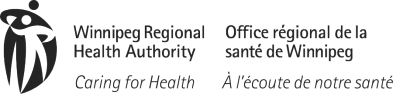
**ONCE THIS FORM HAS BEEN COMPLETED – PHIA AND FIPPA RULES APPLY**

**PERSON OF INTEREST (POI)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS SECTION IS TO BE COMPLETED BY THE DESIGNATED PERSON OR SECURITY** | | | | | | | | | | |
| DATE OF ACTIVATION: | | | | | | | | | | |
|  | | **THREAT LEVEL** | | | | | | | |  |
|  | | | Level I Verbal aggression, agitation. | | | | |
|  | | | Level II Physical aggression, threatening behaviour. | | | | |
|  | | | Level III Weapon or potential weapon, specific credible threat. | | | | |
| **NAME OF STAFF /SECURITY GUARD COMPLETING FORM:** | | | | | | | | | | |
| **IS THIS PERSON RELATED TO/LINKED TO A PATIENT?** Yes (see below) No | | | | | | | | | | |
| **IS THIS PERSON RELATED TO/LINKED TO A STAFF MEMBER?** Yes (see below) No | | | | | | | | | | |
| If Yes, identify name of patient/staff member and location: | | | | | | | | | | |
| **REPORTED BY:** | **STAFF** | | | | | **PATIENT/VISITOR** | **EXTERNAL AGENCY** | | **SECURITY** | |
| Name: | | | | | Name: | Name: | | Name: | |
| Title: | | | | | Address: | Agency: | | Title: | |
| Prog/Serv: | | | | | Ph #: | Ph #: | | Ph #: | |
| **POI DESCRIPTION** | | | | | | | | | | |
| **POI NAME:** | | | | | | | **ALIAS:** | | | |
| **D.O.B.:** | | | | **AGE:** | | | **MALE FEMALE** | | | |
| **HEIGHT:** | | | | | | **WEIGHT:** | | **BUILD:** | | |
| **EYE COLOR:** | | | **EYEGLASSES: YES: NO:** | | | | **DESCRIPTION:** | | | |
| **HAIR COLOR:** | | | | **LENGTH:** | | | **STYLE:** | | | |
| **SKIN COLOR/COMPLEXION:** | | | | | | | | | | |
| **DISTINGUISHING FEATURES *(e.g. scars, tattoos, gait, etc.):*** | | | | | | | | | | |
| **PHOTO AVAILABLE: YES: NO:** | | | | | | | **ATTACHED: YES: NO:** | | | |

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**POI CLASSIFICATION - THIS IS THE NATURE OF THE EVENT**

**ACTION TO BE TAKEN WHEN POI PRESENTS:**

# UPDATES TO POI AFTER DATE OF ACTIVATION (PLEASE DATE):

**TO BE COMPLETED BY SECURITY OR DESIGNATED STAFF ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **POI BARRED FROM FACILITY:** | **YES:** | **NO:** | **DATE:** |
| **PETTY TRESPASS NOTICE ISSUED:** | **YES:** | **NO:** | **DATE ISSUED:** |
| **LEGAL COURT ORDER(S) ISSUED:** | **YES:** | **NO:** | **EXPIRY DATE:** |

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