**WEAPONS POLICY**

**PROHIBITION OF WEAPONS AT WORK**

[EMPLOYER'S NAME] maintains a strict no-weapons policy to ensure the safety of all employees, clients, and visitors. With the exception of [POSITION TITLE] (if applicable), employees are strictly prohibited from possessing any type of weapon at the workplace, while performing work-related activities, or during [EMPLOYER'S NAME]-sponsored events.

Definition of weapons

Weapons covered by this policy include, but are not limited to:

* Firearms (whether concealed or openly carried).
* Knives not commonly used for work purposes.
* Mace or pepper spray.
* Explosives or incendiary devices.
* Objects classified as dangerous weapons under state or federal law.
* Items with no standard utility that are intended or capable of inflicting harm.

This list is not exhaustive. Employees are prohibited from possessing any weapon, regardless of whether they hold a valid concealed carry permit or other legal authorization.

Policy enforcement and notices

[EMPLOYER'S NAME] has posted visible notices at [all entrances/[OTHER LOCATION(S)]] clearly stating the prohibition of firearms and other weapons on the premises. Violations of this policy will result in disciplinary action, up to and including termination of employment.

Definition of workplace

For the purpose of this policy, "workplace" includes but is not limited to:

* All [EMPLOYER'S NAME]-owned or leased buildings and surrounding outdoor areas.
* Parking lots and other company-controlled spaces.
* Employer-owned or leased vehicles used for work purposes

By enforcing this policy, [EMPLOYER'S NAME] aims to provide a secure and professional environment for all employees and stakeholders.

If you have any questions or need clarification about this policy, please contact the [DEPARTMENT NAME] Department.

**REPORTING VIOLATIOONS OF THE WEAPONS POLICY**

Guidelines for reporting

Under no circumstances should employees confront or engage with any individual suspected of carrying a firearm or other deadly weapon in violation of this policy. Your safety is paramount. If you suspect someone of possessing a weapon at work:

1. Do not confront the individual.
2. Contact [security/[DEPARTMENT NAME]] and provide details about your suspicions.
3. If there is an immediate threat of violence, call local law enforcement before notifying [security/[DEPARTMENT NAME]].

Details to include in reports

Reports should be as specific as possible, including:

* Names of the individual(s) involved.
* Description of any witnesses.
* Any relevant observations or circumstances.

[A reporting form is available at [LOCATION DESCRIPTION] for those who prefer written documentation.]

Investigation and action

[EMPLOYER'S NAME] will investigate all reported violations of the weapons policy promptly and thoroughly. Appropriate corrective action, including discipline up to termination, will follow if a violation is confirmed. In situations involving potential legal violations, [EMPLOYER'S NAME] reserves the right to involve law enforcement.

Searches and inspections

To maintain a safe workplace and enforce this policy, [EMPLOYER'S NAME] reserves the right to conduct searches and inspections of employees' belongings and surroundings, including but not limited to:

* Clothing, desks, lockers, bags, briefcases, containers, and packages.
* Lunch boxes, toolboxes, and company-[owned/leased] vehicles.
* Personal vehicles parked on company property, except where restricted by Minnesota law.

[In states where applicable, [EMPLOYER'S NAME] will not inquire about or search for firearms in an employee’s personal vehicle without legal authorization.]

Refusal to comply

Employees who refuse to permit a search or inspection may face disciplinary action.

Cooperation with law enforcement

[EMPLOYER'S NAME] will cooperate fully with law enforcement authorities conducting valid searches on the company’s premises, including parking areas, as required by law.

This approach prioritizes the safety of all employees while ensuring compliance with applicable laws. If you have any questions about this process, please contact [security/[DEPARTMENT NAME]].

**NO RETALIATION OR DISCRIMINATION POLICY**

Commitment to a safe workplace

[EMPLOYER'S NAME] strictly prohibits any form of retaliation, discipline, intimidation, or reprisal against employees who:

* Report violations of this policy.
* Report incidents of workplace violence or threats.
* Cooperate in investigations related to such matters.

Encouraging reporting

The effectiveness of this policy relies on employees promptly reporting any concealed weapons or other potential violations. Employees who become aware of a concealed weapon or any behavior violating this policy must notify [security/[DEPARTMENT NAME]] immediately. Timely reporting allows [EMPLOYER'S NAME] to take appropriate corrective actions and maintain a safe work environment.

Protection for firearm owners

[EMPLOYER'S NAME] does not discriminate against:

* Employees or applicants who legally own or use firearms.
* Employees who store legally owned firearms in locked personal vehicles in compliance with this policy and applicable laws.

This policy reinforces [EMPLOYER'S NAME]'s commitment to a safe workplace while respecting employees’ legal rights. If you have questions about this policy or your responsibilities, please contact [DEPARTMENT NAME].

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and enforcement of this policy. If you have questions about this policy, including any aspects related to concealed weapons that are not explicitly covered, please contact the [DEPARTMENT NAME] Department for assistance.

Only [INDIVIDUAL NAME OR JOB TITLE] is authorized to approve exceptions to this policy. Unauthorized exceptions will not be permitted.

For further clarification or guidance, reach out to the [DEPARTMENT NAME] Department at [CONTACT INFORMATION].

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions outlined in this policy are designed to complement, not override, amend, or replace, any terms or conditions specified in a collective bargaining agreement between a union and [EMPLOYER'S NAME].

Employees covered under a collective bargaining agreement should refer to the agreement for specific employment terms. In cases where this policy conflicts with the terms of the collective bargaining agreement, the collective bargaining agreement will take precedence.

For questions regarding how this policy interacts with collective bargaining agreements, employees are encouraged to contact [DEPARTMENT NAME] or their union representative.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date