

Managing the Workplace

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TEMPLATE FOR WORKPLACE VIOLENCE ASSESSMENT

Company Name: _____

Location or Building: _____

Name of Individual Completing Form: _____

Date: _____

REVIEW OF PAST INCIDENTS, COMPLAINTS, RECOMMENDATIONS

Have there been past incidents and investigations into workplace violence at this location? _____

Yes

No

If yes, list all reported incidents in past 2 years, briefly describing circumstances, resolution:

Have there been worker complaints of workplace violence at this location? _____

Yes

No

If so, list all worker complaints in past 2 years, with brief description of complaint, circumstances, any resolution:



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Has JHSC raised concerns respecting violence or made recommendations respecting violence?

Yes

No

If so, list all concerns, recommendations, circumstances in past 2 years, as well as resolution, preventive measures taken:

Has an assessment been conducted of experiences with workplace violence in similar workplaces, industries, trades?

Yes

No

If yes, provide details, examples, statistics obtained for past 2 years:

If no, access information from safe workplace association for industry, trade associations and list available information for past 2 years:



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INTERVIEWS WITH EMPLOYEES

Have interviews with employees been conducted to assess past incidents and concerns respecting workplace violence?

Yes

No

If so, describe process generally:

Have employees experienced verbal abuse?

Yes

No

If yes, describe all incidents in past 2 years:

Have employees experienced written threats?

Yes

No

If yes, describe all incidents in the past 2 years:

Have workers been threatened with physical harm?

Yes

No

If yes, describe all incidents in past 2 years:



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Have employees experienced a physical assault or attack while employed? _____

Yes

No

If yes, describe all incidents in past 2 years:

PHYSICAL PREMISES

Is workplace near high crime area? _____

Yes

No

If yes, describe:

Are there signs of vandalism on or near company property? _____

Yes

No

If yes, describe:

Is workplace isolated from other buildings? _____

Yes

No

Is workplace isolated from other buildings?



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Is building entrance well lit? _____ Yes No

Describe:

Are parking lots well lit? _____ Yes No

Describe:

Is the parking lot subject to video surveillance? _____ Yes No

If yes, describe:

Are there alarms in parking lots? _____ Yes No

If yes, describe:



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Have there been incidents of violence, theft
in parking lot? _____

Yes

No

If yes, describe:

WORK SITUATIONS WITH POTENTIAL FOR VIOLENCE

Do employees work with money or
valuables?? _____

Yes

No

If yes, describe:

Do employees deliver or collect
items of value? _____

Yes

No

If yes, describe:

Do employees deal with individuals who
may be under the influence of drugs or
alcohol? _____

Yes

No

If yes, describe:



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Do employees deal with activities or individuals that may result in negative or confrontational response? _____

Yes

No

If yes, describe:

Do employees work alone? _____

Yes

No

If yes, describe:

Do employees work during late evening or early morning hours? _____

Yes

No

If yes, describe:

Do employees work in a residential setting? _____

Yes

No

If yes, describe:



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Do employees provide service, care, advice or education to individuals who may be violent?? _____

Yes

No

If yes, describe:

Do employees work in work places where alcohol is served? _____

Yes

No

If yes, describe:

SECURITY, ACCESS, RECEPTION, SIGNAGE

Is there a security system at this location? _____

Yes

No

Describe:

Are there security guards available at this location? _____

Yes

No

Describe:



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Is access to the workplace controlled by reception, coded cards, or keys? _____

Yes

No

Describe:

Is the reception area staffed at all times? _____

Yes

No

Describe:

Does the receptionist work alone? _____

Yes

No

Describe:

Is there an emergency call button at the receptionist area? _____

Yes

No

Describe:



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Is there video surveillance at reception and other building entrances? _____

Yes

No

Describe:

Are rules for visitors clearly posted? _____

Yes

No

Describe:

Can outsiders enter the building when there is no receptionist present? _____

Yes

No

Describe:

Is there a key or carded access beyond reception to different floors, sections of workplace? _____

Yes

No

Describe:



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Do you have a visitor policy to receive, escort and identify visitors? _____

Yes

No

Describe:

Are there signs in the building showing workers or visitors or members of the public how to obtain emergency assistance if needed? _____

Yes

No

Describe:

Is there a means of summoning immediate assistance in work areas should workplace violence occur? _____

Yes

No

Describe:

