

## WORKPLACE HAZARDS INSPECTION FORM – WORKPLACE VIOLENCE

Date: \_\_\_\_\_

Location: \_\_\_\_\_ Building: \_\_\_\_\_

Name (optional): \_\_\_\_\_

### Parking Lot

- Are the entrances and exits well marked?  yes  no
- Does the lot have signs with security reminders? (e.g., “lock your car”, “security patrolled”)  yes  no
- Is there enough lighting?  yes  no
- Are alarms clearly marked?  yes  no
- Do pass cards control access to the lot?  yes  no
- Are company vehicles parked on-site after hours?  yes  no
- If yes, is there a secured parking lot for company vehicles after hours?  yes  no
- Have vehicles been stolen from the parking lot?  yes  no
- Have vehicles been broken into?  yes  no

### Around the Outside of the Building (Perimeter)

- Is your workplace near any buildings or businesses that are at risk from violent crime? (e.g., bars, banks)  yes  no
- Do violent, criminal, drunk, or drugged persons ever come into your building?  yes  no
- Is your building located in a high-crime area?  yes  no
- Are there signs of vandalism?  yes  no
- Are you located in a dense manufacturing area?  yes  no
- Are you isolated from other buildings?  yes  no
- Is there graffiti on the building walls?  yes  no
- Is the building entrance well lit?  yes  no
- Are outside lights checked before dark?  yes  no
- Are garbage areas, external buildings, or equipment that employees use:
- In an area with good visibility?  yes  no
  - Close to the main building with no possible hiding places?  yes  no
- Is your building shared with other businesses?  yes  no
- If yes, is entry to your area(s) controlled?  yes  no
- Is there a system to alert employees if intruders enter?  yes  no
- Are offices designed so that public and private spaces are clearly identified?  yes  no
- Do you use coded cards or keys to control access to the building or to certain areas within the building?  yes  no

- Is there a system in place to limit the number of keys/entry cards given out?  yes  no
- Do you change locks/codes immediately if keys/cards are lost or misplaced?  yes  no

## Security System

- Do you have a security system at your location?  yes  no
- If yes, is the system tested on a regular basis? (e.g., at least monthly)  yes  no
- Is the security system adequate?  yes  no
- Are there security guards/safety walking services available at your location?  yes  no
- Are signs posted indicating that there is a security system in use?  yes  no

## Reception

- Is your reception area easily seen and easy to get to?  yes  no
- Can the receptionist/sales clerk clearly see incoming visitors/customers?  yes  no
- Is the reception area/sales counter visible to fellow employees or members of the public?  yes  no
- Is your reception area staffed at all times?  yes  no
- Can outsiders enter the building when there is no receptionist present?  yes  no
- Is the reception area the first stop for visitors?  yes  no
- Do you have a policy for receiving, escorting, and identifying visitors?  yes  no
- Does the reception area function as a security screening area for unwanted visitors?  yes  no
- Does your receptionist work alone at times?  yes  no
- Is there an emergency call button at the reception area?  yes  no
- If yes, have response procedures been developed?  yes  no
- Are there objects/tools/equipment in this area that someone could use as a weapon?  yes  no

## Signs

- When you enter the building, are there signs to identify where you are?  yes  no
- Are there signs inside the building showing you where to get emergency assistance, if needed?  yes  no
- If no, what signs are needed and where? \_\_\_\_\_  
\_\_\_\_\_  yes  no
- Are visitor areas and private areas clearly marked?  yes  no
- Are rules for visitors clearly posted?  yes  no
- Are there exit signs?  yes  no
- Are there areas where exit signs are not present, but are needed?  
If yes, where? \_\_\_\_\_  yes  no
- Can the posted signs be easily seen by everyone?  
If no, where are these signs located? \_\_\_\_\_  yes  no

Are the hours of operation clearly posted?

Impression of overall signage:

very poor    poor    satisfactory    good    very good

What other signs should be added? \_\_\_\_\_

### Work Practices

Do you or any of your co-workers:

- work with the public?  yes    no
- handle money, valuables, or prescription drugs?  yes    no
- carry out inspection or enforcement duties?  yes    no
- provide service, care, advice, or education?  yes    no
- work with unstable or violent persons?  yes    no
- work in workplaces where alcohol is served?  yes    no
- work alone or in small numbers?  yes    no
- work in community-based settings?  yes    no
- drive a vehicle as part of the job?  yes    no
- work during the late evening or early morning hours?  yes    no
- use public transit during the workday?  yes    no
- travel to other cities/countries?  yes    no
- stay in hotels?  yes    no

### Lighting

List areas where lighting was a concern (too dark, or too bright) during the inspection.

\_\_\_\_\_

Is the lighting evenly spaced?  yes    no

Are any of the lights out?  yes    no

If yes, where are they located? \_\_\_\_\_

Can you access main light control switches?  yes    no

If yes, where? \_\_\_\_\_

\_\_\_\_\_

### Stairwells and Exits

Do exit doors identify the exit location?  yes    no

Could someone easily hide at the bottom of stairwells?  yes    no

If yes, where? \_\_\_\_\_

Is the lighting bright enough?  yes    no

Can lights be turned off in the stairwell?  yes  no

Is there more than one exit route?  yes  no

Are there any exit routes, which prevent you from getting away?  yes  no

If yes, where? \_\_\_\_\_

Do stairwell doors lock behind you:

• during regular hours of operation?  yes  no

• after regular hours of operation?  yes  no

### Possible Areas for an Attack

Are there empty rooms that should be locked?  yes  no

If yes, where? \_\_\_\_\_

### Places to Hide

Are there small areas where someone could hide, such as:  yes  no

recessed doorways  unlocked storage areas  stairwells  elevators

other \_\_\_\_\_

What would make it easier to see if someone is hiding:

transparent materials like glass  mirrors  windows in doors  angled corners

less shrubbery  other \_\_\_\_\_

Do members of the public enter from the front of the building only?  yes  no

### Working Alone

At the time of the inspection, did any areas feel isolated?  yes  no

If yes, what areas \_\_\_\_\_

In these areas, is there a telephone or a sign directing you to assistance?  yes  no

In these areas, how far away is the nearest person who could hear calls for help? \_\_\_\_\_

\_\_\_\_\_  yes  no

Are alarms or panic buttons installed?  yes  no

Are the alarms or panic buttons easily accessible?  yes  no

Do you periodically check that the alarms or panic buttons are functioning?

How many people were around you at the time of this inspection? \_\_\_\_\_  yes  no

\_\_\_\_\_

Is it easy to predict when people will be around?

## Patterns of Movement

- Do you arrive and leave at the same time every day using the same route?  yes  no
- How easily could someone get to know your patterns of movements?  yes  no
- very easily  somewhat easily  no way of knowing
- Is there another well-lit route used by a lot of people that you can take?  yes  no
- Can you easily tell what is at the other end of each walkway or corridor?  yes  no
- If no, where? \_\_\_\_\_
- In walkway and corridors, are there corners or alcoves where someone could hide?  yes  no
- If yes, where? \_\_\_\_\_

## Elevators

- Are you able to see if the elevator is occupied before entering?  yes  no
- Is there an emergency phone or emergency call button in each elevator?  yes  no
- Is there a response procedure for elevator emergencies?  yes  no

## Washrooms

- Can the public use the same washrooms as staff?  yes  no
- Can the lights in the washrooms be turned off?  yes  no
- Are washrooms checked before building is vacated?  yes  no

## Interview and Meeting Rooms

- Do you have a separate interview/meeting room?  yes  no
- If yes, can employees see inside?  yes  no
- Is there an alarm system in this room?  yes  no
- Is the furniture arranged to allow for emergency exits?  yes  no

## Individual Offices

- Are employees at risk from workplace violence due to their office layout?  yes  no
- Has their furniture been arranged to:
- allow for a quick exit from the office?  yes  no
  - maintain a safe distance between employees and clients?  yes  no
- Are there objects that can easily be used as weapons?  yes  no
- Do these offices have good visibility i.e. shatterproof glass in walls/doors?  yes  no

## Emergency Assistance

Has an emergency contact number been established for use:

- during regular hours of operation?  yes  no
- after regular hours of operation?  yes  no

Are emergency numbers posted on phones?  yes  no

Are emergency phones accessible in all areas?  yes  no

If no, where is access needed? **type here**

Is there a designated “safe” room where employees can do during an emergency?  yes  no

Does this room have a telephone and a door that can be locked from the inside?  yes  no

## Areas of Improvement

What improvements would you like to see? **type here**

**How safe do you feel at work? Check the box that indicates how safe you feel in each area.**

	<u>very safe</u>	<u>safe</u>	<u>neutral</u>	<u>unsafe</u>	<u>very unsafe</u>	<u>n/a</u>
<b>parking lot</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>perimeter of building</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>main/front entrance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>elevators</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>stairwells</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>corridors/hallways</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>on your floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>at your desk</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from the CCOHS *Work Rage in the Workplace Prevention Guide*