

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

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

Department: \_\_\_\_\_

Completed by: \_\_\_\_\_

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

## **Part B: DEPARTMENT SPECIFIC AREAS**

Questions	Yes	No	Comments
<b>1. Work Practices</b>			
Do you or any of your staff:			
• work with the public?	<input type="checkbox"/>	<input type="checkbox"/>	
• handle money, valuables or prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
• carry out inspection or enforcement duties?	<input type="checkbox"/>	<input type="checkbox"/>	
• make decisions that adversely affect others?	<input type="checkbox"/>	<input type="checkbox"/>	
• deal with people under the influence of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
• work with unstable or violent persons?	<input type="checkbox"/>	<input type="checkbox"/>	
• work where alcohol is served?	<input type="checkbox"/>	<input type="checkbox"/>	
• work in community-based settings?	<input type="checkbox"/>	<input type="checkbox"/>	
• drive a vehicle as part of the job?	<input type="checkbox"/>	<input type="checkbox"/>	
• work during the late evening or early morning hours?	<input type="checkbox"/>	<input type="checkbox"/>	
• travel to other cities/countries?	<input type="checkbox"/>	<input type="checkbox"/>	
• stay in hotels?	<input type="checkbox"/>	<input type="checkbox"/>	
• work alone (out of sight & hearing of other employees)?	<input type="checkbox"/>	<input type="checkbox"/>	
For any "Yes", indicate precautions in place to safeguard and reduce the risk of workplace violence to your employees:			
<b>2. Patterns of Movement</b>			
Do you or your staff arrive or leave at the same time every day using the same route?	<input type="checkbox"/>	<input type="checkbox"/>	
Would it be easy for someone to get to know your patterns of movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there another well-lit route used by a lot of people that could be taken?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easy to predict when people will be in the department?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Lighting</b>			
Are there any areas in your department where lighting is a concern?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list:			
<b>4. Department Visitor Access/Reception Areas</b>			

Questions	Yes	No	Comments
Do you have a departmental reception area?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your reception area staffed at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
Is access to the department locked when reception is not present?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the reception area function as a security screening area for unwanted visitors?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, have response procedures been developed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there objects/tools/equipment in this area that someone could use as a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	
Are visitor areas and private areas clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the hours of operation /access clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	
What other signs should be added?			
<b>5. Incident History</b>			
Have there been incidents in the past year when staff in your department have experienced or been threatened with, physical violence? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	
Have there been incidents in the past year when staff in your department have experienced verbal abuse (shouted at, obscene language or phone calls, threats)? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>	
Has your department experienced in the past year, thefts of departmental or personal property or damage or defacement of property?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Department Common Areas, Labs &amp; Meeting Rooms</b>			
Do you have a separate interview/meeting room to meet with clients?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, can others in the area see inside and /or hear if assistance is needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a method to contact help in this room?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the furniture arranged for quick emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>	

Questions	Yes	No	Comments
Are there areas in your department where someone could hide (unlocked storage rooms, small unoccupied rooms, back hallways)? If yes, indicate where:	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any rooms that should be locked? If yes, indicate where:	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any exit routes out of departmental areas that prevent you from getting away? If yes, indicate where:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Individual Offices</b>			
Does the office layout allow for: • an unobstructed exit? • a safe distance between employees and clients?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Are there objects that can be used as weapons?	<input type="checkbox"/>	<input type="checkbox"/>	
Do offices have good visibility (glass in door or walls)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Emergency Assistance</b>			
Is a phone available to summon help?	<input type="checkbox"/>	<input type="checkbox"/>	
Are emergency numbers posted on or near department phones?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a designated "safe" room where employees can go in an emergency (eg lock-down)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the "safe" room have a phone and/or computer and a door that can be locked from the inside?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Areas of Improvement - Action Plan</b>			
What improvements are recommended to prevent or reduce the risk of violence?	1.		Priority
	2.		
	3.		
	4.		
	5.		
What training is recommended?	1.		
	2.		
	3.		

**Instructions for Completing the Risk Assessment Form:**

1. If responsible for a campus or site location other than the main campus, complete Part A&B.
2. **If only responsible for a department, complete Part B only.**
3. If a department operates in more than one building or in significantly different areas within one building, a separate risk assessment must be completed for each area/building.

4. If a question is not applicable to your area, indicate N/A in the “comment” field.
5. Check boxes shaded in light green indicate the low risk response.
6. For higher risk responses, indicate precautions currently taken to mitigate risk in the “comment” field.
7. If concerns are flagged on the risk assessment, the area supervisor will identify and prioritize opportunities to reduce the risk of workplace violence in the “Areas of Improvement/Action Plan”, considering workplace design and practices, environmental conditions and training.
8. Send a copy of the completed Risk Assessment to the Occupational Health & Safety Coordinator