LOYALIST COLLEGE

Workplace Violence Risk Assessment Form

Building: _____   **Location:** _____

Department: _____

Completed by: _____   **Date:** _____

Part B: DEPARTMENT SPECIFIC AREAS *(Instructions on Last Page)*

Questions	Yes	No	Comments
1. Work Practices			
Do you or any of your staff:			
• work with the public?	☐	☐	
• handle money, valuables or prescription drugs?	☐	☐	
• carry out inspection or enforcement duties?	☐	☐	
• make decisions that adversely affect others?	☐	☐	
• deal with people under the influence of drugs or alcohol?	☐	☐	
• work with unstable or violent persons?	☐	☐	
• work where alcohol is served?	☐	☐	
• work in community-based settings?	☐	☐	
• drive a vehicle as part of the job?	☐	☐	
• work during the late evening or early morning hours?	☐	☐	
• travel to other cities/countries?	☐	☐	
• stay in hotels?	☐	☐	
• work alone (out of sight & hearing of other employees)?	☐	☐	
For any "Yes", indicate precautions in place to safeguard and reduce the risk of workplace violence to your employees:			
2. Patterns of Movement			
Do you or your staff arrive or leave at the same time every day using the same route?	☐	☐	

Workplace Violence Risk Assessment Form

Questions	Yes	No	Comments
Would it be easy for someone to get to know your patterns of movement?	☐	☑	
Is there another well-lit route used by a lot of people that could be taken?	☑	☐	
Is it easy to predict when people will be in the department?	☐	☑	
3. Lighting			
Are there any areas in your department where lighting is a concern? If yes, list:	☐	☑	
4. Department Visitor Access/Reception Areas			
Do you have a departmental reception area?	☑	☐	
Is your reception area staffed at all times?	☑	☐	
Is access to the department locked when reception is not present?	☑	☐	
Does the reception area function as a security screening area for unwanted visitors?	☑	☐	
If yes, have response procedures been developed?	☑	☐	
Are there objects/tools/equipment in this area that someone could use as a weapon?	☐	☑	
Are visitor areas and private areas clearly marked?	☑	☐	
Are the hours of operation /access clearly posted?	☑	☐	
What other signs should be added?			

Workplace Violence Risk Assessment Form

Questions	Yes	No	Comments
5. Incident History			
Have there been incidents in the past year when staff in your department have experienced or been threatened with, physical violence? If yes, describe:	☐	☑	
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:	☐	☐	
Has your department experienced in the past year, thefts of departmental or personal property or damage or defacement of property?	☐	☐	
6. Department Common Areas, Labs & Meeting Rooms			
Do you have a separate interview/meeting room to meet with clients?	☐	☐	
If yes, can others in the area see inside and /or hear if assistance is needed?	☐	☐	
Is there a method to contact help in this room?	☐	☐	
Is the furniture arranged for quick emergency exits?	☐	☐	
Are there areas in your department where someone could hide (unlocked storage rooms, small unoccupied rooms, back hallways)? If yes, indicate where:	☐	☑	
Are there any rooms that should be locked? If yes, indicate where:	☐	☑	

Workplace Violence Risk Assessment Form

Questions	Yes	No	Comments
Are there any exit routes out of departmental areas that prevent you from getting away? If yes, indicate where:	☐	☐	

7. Individual Offices

Questions	Yes	No	Comments
Does the office layout allow for: • an unobstructed exit? • a safe distance between employees and clients?	☐ ☐	☐ ☐	
Are there objects that can be used as weapons?	☐	☐	
Do offices have good visibility (glass in door or walls)?	☐	☐	

8. Emergency Assistance

Questions	Yes	No	Comments
Is a phone available to summon help?	☐	☐	
Are emergency numbers posted on or near department phones?	☐	☐	
Is there a designated "safe" room where employees can go in an emergency (eg lock-down)?	☐	☐	
Does the "safe" room have a phone and/or computer and a door that can be locked from the inside?	☐	☐	

9. Areas of Improvement - Action Plan

		Priority
What improvements are recommended to prevent or reduce the risk of violence?	1.	
	2.	
	3.	
	4.	
	5.	
What training is recommended?	1.	
	2.	
	3.	

10.   Comments (if necessary)

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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 which do not have light green shading on checkbox, 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 Organizational Health and Wellness Specialist.
9. If Assessment is being completed due to an incident of Workplace Violence, Include reference to any safety plans, interim measures, or feedback from HR/CARE Team. Limits on Disclosure outlined in the Occupational Health and Safety Act must be followed when completing comments.