



WORKPLACE VIOLENCE HAZARD ASSESSMENT FORM

This form is designed to help managers and employees conduct an assessment of the potential risks of violence associated with the activities carried out in their departments or areas, and to respond to any identified risks.

Part 1: Work Department/Area

Please describe your department/area and the types of activities/functions performed by employees in the department.

describe

Part 2: History

1. Have there been incidents when employees in your department have experienced or been threatened with physical violence? NO, YES, please describe incidents.

describe

2. Have there been incidents when employees in your department have experienced verbal abuse i.e. shouted at, obscene language, threats, or obscene phone calls? NO, YES, please describe incidents.

describe

Part 3: Activities Which Might Expose Employees to Risk of Violence

3. Do employees in your department work with money or other valuables? NO, YES

4. Do employees in your department deliver or collect items of value? NO, YES, please describe

describe

5. Do employees in your department deal with people who may be under the influence of drugs or alcohol? NO, YES

6. Do employees in your department deal with people who are deeply troubled or distressed? NO, YES

7. Do employees in your department monitor or regulate the activity of others or carry out procedures or make decisions which adversely affect others? NO, YES, please describe

describe

8. Are employees in your department involved with activities that may elicit a negative or confrontational response? NO, YES, please describe

describe



9. Are there other aspects of the work in your department that might spark a violent response? NO, YES, please describe

describe

Part 4: Factors That Increase the Risk of Violence

Definition: A person works alone when he/she works in a situation where he/she is out of sight and out of hearing of other employees.

10. Do any of your employees work alone during normal working hours? NO, YES, please describe

describe

11. Do any of your employees work alone after normal working hours? NO, YES, please describe

describe

12. Please describe any precautions already taken to safeguard employees of your department who work alone.

describe

13. Please describe other factors which you feel might increase the risk of violence.

describe

Part 5: Reducing the Risk of Violence

14. Please describe policies or procedures already in place to reduce the risk of violence in your department.

describe

15. In light of your responses to the questions in this assessment:

- a) Do you consider that all reasonable steps have been taken to prevent or reduce the risk of violence?
 NO, YES

- b) What further steps would you recommend?

type here

- c) What assistance do you need to accomplish any of the above steps? Specify:

type here

Name: _____ **Department:** _____

Date: _____

Thank you for your co-operation and input!