

VIOLENCE in the WORKPLACE ENVIRONMENTAL RISK ASSESSMENT

Location _____

Building _____

Floor _____

Section _____

Date _____

Time _____

Name (optional) _____

Note: The topic areas of lighting to stairwells are intended as an overall building assessment. Answers to these questions should assess the complete building and facilities. The topic area of washrooms is intended to be floor specific questions. Please answer the questions with your area in mind.

LIGHTING

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

Is the lighting evenly spaced? Yes No

Are there any lights out? Yes No

If yes, where _____

Can you identify a face 50 feet away? Yes No

Can you access light controls to blackout areas of the building? Yes No

If yes, where _____

STAIRWELLS & EXITS

Do exit doors identify where they exit? Yes No

Are there places at the bottom of stairwells where someone could hide? Yes No

If yes, where _____

Is the lighting adequate? Yes No

Can lights be turned off in the stairwell? Yes No

Is there more than one route? Yes No

Are there any exit routes which restrict your ability to get 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 ENTRAPMENT SITES

Are there unoccupied rooms that should be locked?

Yes No

If yes, where _____

Are there small, well-defined areas where you would be hidden from the view of others such as:

- Recessed Doorways Unlocked Storage Area Stairwells Elevators
 Washrooms Client Rooms Other _____

SIGHTLINES

Are there physical object/structure that obstruct your view?

Yes No

If yes, could someone hide behind such Objects/structures

Yes No

If yes, where _____

What would make it easier to see?

- Transparent Materials like Glass Angled Corners Mirrors
 Windows in Doors Less Shrubbery Other _____

ISOLATION

At the time of the survey did any areas feel isolated?

Yes No

If yes, where _____

In these areas, is there a telephone or a sign directing you to emergency assistance?

Yes No

In these areas, how far is the nearest person to hear calls for help?

_____ ft/m

How many people (other than fellow participants) were there around you at the time of this audit?

Is it easy to predict when people will be around?

Yes No

MOVEMENT PREDICTORS

How easy would it be for someone to predict your patterns of movement?

- very easy somewhat obvious no way of knowing

Is there an alternative well-lit and frequently travelled route available?

Yes No Don't know

Can you tell what is at the other end of each walkway or corridor? Yes No

If no, where _____

In walkways/corridors are there corner or alcoves where someone could hide and wait for you? Yes No

If yes, where _____

SIGNAGE

Upon entering the building are there signs to identify where you are? Yes No

Once in the building are there signs showing you where to get emergency assistance if needed? Yes No

If no, what signs are needed and where? _____

Are there exit signs? Yes No

Are there areas where exit signs are not present but are needed? Yes No

If yes, where _____

Are signs posted to be highly visible to all? Yes No

If no, where are these signs? _____

Are the hours of operation adequately posted? Yes No

Impression of overall signage:

Very poor Poor Satisfactory Good Very good

What signs should be added? _____

BUILDING PERIMETER

Are there crime generators (liquor stores, bars, convenience stores, vacant lots) in the area? Yes No

Are local streets populated by homeless people? Yes No

Are there signs of vandalism? Yes No

If yes, where _____

SECURITY SYSTEM

Do you have a security system at your location? Yes No

If yes, is the system tested on a regular basis, (monthly) to assure correct functions? Yes No

Is the security system adequate? Yes No

Are there security guards/safety walking services available at your location? Yes No

ACCESS CONTROL

- Is your building connected to any other building(s)? Yes No
- If yes, is there access control to your building? Yes No
- Is your building shared with others? Yes No
- If yes, is there access control to your areas? Yes No
- Are offices designed/arranged to distinguish public vs. private spaces? Yes No

EMERGENCY ASSISTANCE

Has an emergency contact number been established:

- During regular hours of operation? Yes No Don't know
- After regular hours of operation? Yes No Don't know

- Is the lighting adequate? Yes No
- Are emergency numbers posted on phones? Yes No
- Are emergency phones accessible in all areas? Yes No
- Do workers have individual alarms? Yes No

If no, where is access needed? _____

VEHICLE COMPOUND

- Are vehicles parked on-site after hours? Yes No
- If yes, is there a secured vehicle compound? Yes No
- Have there been vehicle thefts from the compound Yes No

ELEVATORS

- Do you have full view of whether 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

- Is public access to washrooms controlled? Yes No
- Can the lights in the washroom be turned off? Yes No
- Are washrooms checked before building is vacated? Yes No
- Is the washroom size large enough? Yes No

MEDICATIONS AND FILES

Are medications kept in a locked room?

Yes

No

Don't know

If no, are there locks on drawers?

Yes

No

AREAS OF IMPROVEMENT

What improvements would you like to see? (if you need more space, use a blank page)

OVERALL IMPRESSION

How safe do you feel in each area listed below? (check the box that indicates your feeling of safety in each area)

	Very Safe	Safe	Neutral	Unsafe	Very Unsafe	N/A
Parking area(s)	<input type="radio"/>					
Perimeter of building	<input type="radio"/>					
Main/front entrance	<input type="radio"/>					
Other entrances	<input type="radio"/>					
Stairwells	<input type="radio"/>					
Corridors/hallways	<input type="radio"/>					
In your building	<input type="radio"/>					
On your floor	<input type="radio"/>					
In a client room	<input type="radio"/>					
Client washrooms	<input type="radio"/>					
Other	<input type="radio"/>					