

# VIOLENCE in the WORKPLACE ENVIRONMENTAL RISK ASSESSMENT

Location \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_

Section \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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

*Note: Answers to questions regarding lighting and stairwells 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 black-out areas of the building?  Yes  No

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

## STAIRWELLS & EXITS

Do exit doors identify where they exit to?  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) where 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 are?

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 he 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)

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# 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perimeter of building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Main/front entrance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other entrances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stairwells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corridors/hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On your floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a client room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client washrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>