

# Workplace Hazards Inspection Form

## Workplace Violence

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Location** \_\_\_\_\_ **Building** \_\_\_\_\_

**Floor Section** \_\_\_\_\_ **Name (optional)** \_\_\_\_\_

### Parking Lot

Are the entrances and exits well marked?  yes  no

Does the lot have signs with security reminders (e.g., 'lock your car,' 'security patrolled')?  yes  no

Is there enough lighting?  yes  no

Are alarms clearly marked?  yes  no

Do pass cards control access to the lot?  yes  no

Are company vehicles parked on-site after hours?  yes  no

If yes, is there a secured parking lot for company vehicles after hours?  yes  no

Have vehicles been stolen from the parking lot?  yes  no

Have vehicles been broken into?  yes  no

### Around the Outside of the Building (Perimeter)

Is your workplace near any buildings or businesses that are at risk from violent crime (e.g., bars, banks)?  yes  no

Do violent, criminal, drunk, or drugged persons ever come into your building?  yes  no

Is your building located in a high-crime area?  yes  no

Are there signs of vandalism?  yes  no

Are you located in a dense manufacturing area?  yes  no

Are you isolated from other buildings?  yes  no

Is there graffiti on the building walls?  yes  no

Is the building entrance well lit?  yes  no

## Around the Outside of the Building (Perimeter) (cont'd)

Are outside lights checked before dark?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are garbage areas, external buildings, or equipment that employees use:	<input type="checkbox"/> yes <input type="checkbox"/> no
▶ in an area with good visibility?	<input type="checkbox"/> yes <input type="checkbox"/> no
▶ close to the main building with no possible hiding places?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your building shared with other businesses?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, is entry to your area(s) controlled?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there a system to alert employees if intruders enter?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are offices designed so that public and private spaces are clearly identified?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you use coded cards or keys to control access to the building or to certain areas within the building?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there a system in place to limit the number of keys/entry cards given out?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you change locks/codes immediately if keys/cards are lost or misplaced?	<input type="checkbox"/> yes <input type="checkbox"/> no

## Security System

Do you have a security system at your location?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, is the system tested on a regular basis (e.g., at least monthly)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the security system adequate?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there security guards/safety walking services available at your location?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are signs posted indicating that there is a security system in use?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there security cameras and mirrors placed in locations that would deter potential intruders?	<input type="checkbox"/> yes <input type="checkbox"/> no

## Reception

Is your reception area easily seen and easy to get to?	<input type="checkbox"/> yes <input type="checkbox"/> no
Can the receptionist/ sales clerk clearly see incoming visitors/customers?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the reception area/sales counter visible to fellow employees or members of the public?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your reception area staffed at all times?	<input type="checkbox"/> yes <input type="checkbox"/> no
Can outsiders enter the building when there is no receptionist present?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the reception area the first stop for visitors?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a policy for receiving, escorting, and identifying visitors?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the reception area function as a security screening area for unwanted visitors?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your receptionist work alone at times?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there an emergency call button at the reception area?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, have response procedures been developed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there objects/tools/equipment in this area that someone could use as a missile or weapon?	<input type="checkbox"/> yes <input type="checkbox"/> no

## Signs

When you enter the building, are there signs to identify where you are?  yes  no

Are there signs inside the building showing you where to get emergency assistance if needed?  yes  no

If no, what signs are needed and where?

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Are visitor areas and private areas clearly marked?  yes  no

Are rules for visitors clearly posted?  yes  no

Are there exit signs?  yes  no

Are there areas where exit signs are not present but are needed?  yes  no

If yes, where?

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Can the posted signs be easily seen by everyone?  yes  no

If no, where are these signs located?

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Are the hours of operation clearly posted?  yes  no

Impression of overall signage:

very poor  poor  satisfactory  good  very good

What other signs should be added?

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## Work Practices

Do you or any of your co-workers:

- |                                                                            |                                                          |
|----------------------------------------------------------------------------|----------------------------------------------------------|
| ▶ work with the public?                                                    | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ handle money, valuables, or prescription drugs?                          | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ carry out inspection or enforcement duties?                              | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ provide service, care, advice, or education?                             | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ work with unstable or violent persons?                                   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ work in workplaces where alcohol is served?                              | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ work alone or in small numbers?                                          | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ work in community-based settings?                                        | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ drive a vehicle as part of the job?                                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ work during the late hours of the evening or early hours of the morning? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ use public transit during the workday?                                   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ travel to other cities/countries?                                        | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ▶ stay in hotels?                                                          | <input type="checkbox"/> yes <input type="checkbox"/> no |

## Lighting

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

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Is the lighting evenly spaced?  yes  no

Are any of the lights out?  yes  no

If yes, where are they located?

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Can you access main light control switches?  yes  no

If yes, where?

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## Stairwells and Exits

Do exit doors identify the exit location?  yes  no

Could someone easily hide at the bottom of stairwells?  yes  no

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

Is the lighting bright enough?  yes  no

Can lights be turned off in the stairwell?  yes  no

Is there more than one exit route?  yes  no

Are there any exit routes, which prevent you from getting 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 Areas for an Attack

Are there empty rooms that should be locked?  yes  no

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

## Places to Hide

Are there small areas where someone could hide, such as:  yes  no

recessed doorways     unlocked storage areas     stairwells

elevators     \_\_\_\_\_     \_\_\_\_\_

If so, where?  
\_\_\_\_\_

What would make it easier to see if someone is hiding:

transparent materials like glass     mirrors     windows in doors

angled corners     less shrubbery     other \_\_\_\_\_

Do members of the public approach from the front of the building only?  yes  no

## Working Alone

At the time of the inspection, did any areas feel isolated?  yes  no

If yes, what areas?  
\_\_\_\_\_

In these areas, is there a telephone or a sign directing you to assistance?  yes  no

In these areas, how far away is the nearest person who could hear calls for help? \_\_\_\_\_

Are alarms or panic buttons installed?  yes  no

Are the alarms or panic buttons easily accessible?  yes  no

Do you periodically check that the alarms or panic buttons are functioning?  yes  no

How many people were around you at the time of this inspection? \_\_\_\_\_

Is it easy to predict when people will be around?  yes  no

## Patterns of Movement

Do you arrive and leave at the same time every day using the same route?  yes  no

How easily could someone get to know your patterns of movement?

very easily       somewhat easily       no way of knowing

Is there another well-lit route used by a lot of people that you can take?  yes  no

Can you easily tell what is at the other end of each walkway or corridor?  yes  no

If no, where?  
\_\_\_\_\_

In walkways and corridors, are there corners or alcoves where someone could hide?  yes  no

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

## Elevators

Are you able to see if 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

Can the public use the same washrooms as staff?  yes  no

Can the lights in the washrooms be turned off?  yes  no

Are washrooms checked before building is vacated?  yes  no

## Interview and Meeting Rooms

Do you have a separate interview/meeting room?  yes  no

If yes, can employees see inside?  yes  no

Is there an alarm system in this room?  yes  no

Is the furniture arranged to allow for emergency exits?  yes  no

## Individual Offices

Are certain employees at higher risk from workplace violence because of the office layout or location?  yes  no

Has their furniture been arranged to:

▶ allow for a quick exit from the office?  yes  no

▶ maintain a minimum distance (approx. 6 feet or 2 metres) between employees and clients?  yes  no

Have the number of objects that can be used as weapons be reduced?  yes  no

Do these offices have good visibility through the use of shatterproof glass in walls/doors?  yes  no

