

FORM 8-1-1 - Workplace Violence Assessment/Control Measures

Company Name: _____ Name: _____

Workplace Location: _____ Date: _____

Describe responses to any of the following questions to indicate potential areas that need to be examined closely to address potential areas of workplace violence.

Is there a company history of incidents or threats of violence in the workplace? YES
 NO

Comments:

Is workplace near an area that has a historically high crime? YES
 NO

Comments:

Have any workers or the JHSC raised concerns respecting potential or actual violence in the workplace in the last 5 years? YES
 NO

Comments:

Are workers requested or required to work alone or in isolation within the workplace? YES
 NO

Comments:

Is there a need for workers to work during late evening or early morning hours by themselves? YES
 NO

Comments:

Do workers have contact with the public? YES
 NO

Comments:

Is access to the workplace controlled? (EX. at reception, coded cards, or keys) YES
 NO

Comments:

Is there a means of summoning immediate assistance in work areas should workplace violence occur? YES
 NO

Comments:

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Is there a means of summoning assistance within the workplace? (EX, paging system, emergency call button, phones) YES
 NO

Comments:

Is there security system in place and is it maintained? (EX. Security cameras, monitoring, guards, etc.)? YES
 NO

Comments:

Are there posted emergency response plan with floor plans showing exits, entrances, location of emergency equipment? YES
 NO

Comments:

Is the workplace designed in a manner that eliminates places to hide, enhances visual surveillance, and/ or lighting? YES
 NO

Comments:

Have the violence & harassment policies been posted within the workplace? YES
 NO

Comments:

Is there sufficient lighting inside and/or outside of the workplace? YES
 NO

Comments:

Are additional workplace locks used to secure working locations? YES
 NO

Comments:

Are locks used and are they fully functional? YES
 NO

Comments:
