### Violence In The Workplace

#### Workplace Inspection Template

<table>
<thead>
<tr>
<th>Location</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor</td>
<td>Department</td>
</tr>
<tr>
<td>Division</td>
<td>Section</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Parking Lot

- Are the entrances and exits well marked? □Yes □No
- Is the lot appropriately signed with security reminders (“lock your car”, “security patrolled”)? □Yes □No
- Is there sufficient lighting? □Yes □No
- Is access to the lot controlled? □Yes □No
- Are government 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 parking lot? □Yes □No

#### 2. Building Perimeter

- Is your workplace near any buildings or businesses that are at risk of violent crime (bars, banks)? □Yes □No
- Is your building ever visited by violent, criminal, intoxicated or drugged persons? □Yes □No
- Is your building located in a high crime area? □Yes □No
- Are there signs of vandalism? □Yes □No
Are you isolated from other buildings? □ Yes □ No

Is there graffiti on the walls or buildings? □ Yes □ No

Is the exterior of the building adequately lighted? □ Yes □ No

Is the building entrance adequately lighted? □ Yes □ No

Is the entrance to the building easily seen from the street and free of heavy shrub growth? □ Yes □ No

Are outside lights activated before dusk? □ Yes □ No

Are garbage areas, external buildings or equipment that employees use
- in an area with good visibility? □ Yes □ No
- close to the main building with no potential hiding places? □ Yes □ No

Are there any overgrown shrubs or landscaping which obstruct your view or provide a hiding place? □ Yes □ No

3. Access Control

How many public entrances are there to your building? __________

Can the number be reduced? □ Yes □ No

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 other businesses? □ Yes □ No

If yes, is there access control to your area(s)? □ Yes □ No

Is there a system to alert employees of access by intruders? □ Yes □ No

Are offices designed/arranged to distinguish public vs private spaces? □ Yes □ No

Do you use coded cards or keys to control access to the building or certain areas within the building? □ Yes □ No
Is there a system in place to minimize the distribution of keys/entry cards? □Yes □No

Do you change codes/locks immediately if keys/cards are lost or misplaced? □Yes □No

4. **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 existing security system effective based on past performance? □Yes □No

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

Have you posted signs indicating there is a security system in use? □Yes □No

Are security cameras and mirrors placed in locations that would deter potential offenders? □Yes □No

5. **Reception**

Is your reception area easily identifiable and accessible? □Yes □No

Can the receptionist/sales counter clearly see incoming visitors/customers? □Yes □No

Is the reception area/sales counter visible to fellow employees or members of the public? □Yes □No

Is your reception area staffed at all times? □Yes □No

Can outsiders enter the building when there is no receptionist present? □Yes □No

Is the reception area the first point of contact for visitors? □Yes □No
Does the workplace have a policy for receiving, escorting and identifying visitors? □ Yes □ No

Does the area function well as a security screening area? □ Yes □ No

Does your receptionist work alone at times? □ Yes □ No

Is there an emergency call button at the reception area? □ Yes □ No

*If yes, have response procedures been developed?* □ Yes □ No

Are there objects/tools/equipment that could be used as a missile/weapon in this area? □ Yes □ No

6. **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 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?*

_______________________________________________________________________
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

Are signs posted notifying the public that limited cash, no drugs, or other valuable are kept on the premises? □Yes □No

Impression of overall signage:
□ very poor □ poor □ satisfactory □ good □ very good

What other signs should be added?
_____________________________________________________
_____________________________________________________

7. Work Practices

Do you or any of your co-workers:

- work with the pubic? □Yes □No
- handle money, valuables or prescription drugs? □Yes □No
- carry out inspection or enforcement duties? □Yes □No
- provide service, care, advice or education? □Yes □No
- work with unstable or volatile persons? □Yes □No
- work in premises where alcohol is served? □Yes □No
- work alone or in small numbers? □Yes □No
- work in community-based settings? □Yes □No
- drive a vehicle as part of your job? □Yes □No
- work during the late hours of the evening or early hours of the morning? □Yes □No
- use public transit during your work day? □Yes □No
8. **Lighting**

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

_______________________________________________________________________
_______________________________________________________________________

Is the lighting evenly spaced? □ Yes □ No

Are there any lights out?

*If yes, where?*

_______________________________________________________________________
_______________________________________________________________________

Can you access main light control switches? □ Yes □ No

*If yes, where?*

_______________________________________________________________________

9. **Stairwells & Exits**

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

10. 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 areas
□ Stairwells  □ Elevators
□ ____________________________  □ ____________________________

11. Natural Surveillance

Are there physical objects/structures that obstruct your view?  □ Yes □ No

If yes, could someone hide behind such objects/structures?  □ Yes □ No

If so, where?


Are windows kept clear of advertising displays or other items that obstruct view?  □ Yes □ No
What would make it easier to see?

☐ transparent materials like glass ☐ mirrors
☐ windows in doors ☐ angled corners
☐ less shrubbery ☐ other_______________________

Do members of the public only approach staff from the front? ☐ Yes ☐ No

12. 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 emergency assistance? ☐ Yes ☐ No

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

Do you have alarms or panic buttons installed? ☐ Yes ☐ No

Are the alarms or panic buttons easily accessible? ☐ Yes ☐ No

Do you periodically check the functioning of alarms or panic buttons? ☐ Yes ☐ No

Is it easy to predict when people will be around? ☐ Yes ☐ No

13. 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
Can you tell what is at the other end of each walkway or corridor? □ Yes □ No

If no, where?

________________________________________________________________________

________________________________________________________________________

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

If yes, where?

________________________________________________________________________

________________________________________________________________________

14. 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

15. Washrooms

Is public access to washrooms controlled? □ Yes □ No

Can the lights in the washrooms be turned off? □ Yes □ No

Are washrooms checked before building is vacated? □ Yes □ No

16. Interview Rooms

Do you have a separate interviewing/meeting room? □ Yes □ No

If yes, is natural surveillance possible? □ Yes □ No

Is there an alarm system in this room? □ Yes □ No

Is the furniture arranged to allow emergency exits? □ Yes □ No
17. **Individual Offices**

Are certain employees at higher risk of violence? □ Yes □ No

Has their furniture been arranged to:
- allow a quick exit from the office? □ Yes □ No
- maintain a minimum distance (approx. 4-6 feet) between themselves and the client? □ Yes □ No

Have they reduced the number of objects that can be used as missiles or weapons? □ Yes □ No

Do these offices have good natural surveillance through the use of shatterproof glass in walls/doors? □ Yes □ No

18. **Emergency Assistance**

Has an emergency contact been established:

During regular hours of operation? □ Yes □ No

After regular hours of operation? □ Yes □ No

Are emergency numbers posted on phones? □ Yes □ No
Are emergency phones accessible in all areas? □ Yes □ No

*If no, where is access needed?*

_____________________________________________________

_____________________________________________________

Do you have a designated “safe” room where employees can go during an emergency? □ Yes □ No

Does this room have a telephone and a door which can be locked from the inside? □ Yes □ No
19. Training

Have employees been trained in preventative work practices relative to their jobs?  □ Yes □ No

Have employees been trained in appropriate responses for violent situations that they may encounter?  □ Yes □ No

Have employees been trained in the procedures for reporting suspicious persons or incidents?  □ Yes □ No

20. Areas of Improvement

What improvements would you like to see?  
*(If you need more space, use a blank age.)*
21. Overall Impression

How safe do you feel in each area listed below?

<table>
<thead>
<tr>
<th>Check the box that indicates your feeling of safety in each area.</th>
<th>very safe</th>
<th>safe</th>
<th>neutral</th>
<th>unsafe</th>
<th>very unsafe</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>parking lot</td>
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<tr>
<td>perimeter of building</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>main/front entrance</td>
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<td></td>
<td></td>
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<tr>
<td>other entrances</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>elevators</td>
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<td></td>
</tr>
<tr>
<td>stairwells</td>
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<td></td>
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<tr>
<td>corridors/hallways</td>
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<tr>
<td>on your floor</td>
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<tr>
<td>at your desk</td>
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<tr>
<td>other</td>
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