

## Workplace Risk Assessment – Fixed Workplaces

*This checklist is to be used as a guideline only, and should be modified to fit your workplace.*

**Ensure that all workplace areas and all types of work practice are covered during the risk assessment for workplace violence.**

<b>Company</b>	
<b>Workplace Address</b>	
<b>Phone</b>	<b>Email</b>

After adapting this template to fit your workplace, look at where you've answered yes or no to determine if there is a risk of violence at your workplace. For example, if you've answered YES to ANY question such as "Could someone hide at the bottom of the stairway?" or "Does the receptionist ever work alone?" then your workplace is considered to be at risk of violence and you must develop a code of practice to address those identified risks, or take measures to remedy them to eliminate the need for a code of practice. The same applies if you answered NO to ANY questions such as "Is there a way to identify visitors?", "Is there a security system?" or "Are phones easily accessible?"

Section A		Yes	No
<b>History of past violent incidents</b>	→ Does the workplace have any incident reports?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Are there investigation reports?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Does the First Aid log contain any information?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Do JHSC minutes contain useful information?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is there information available specific to your industry?</b>	→ Check with agencies to see if they have experience or advice to help	<input type="checkbox"/>	<input type="checkbox"/>
	→ Local police department	<input type="checkbox"/>	<input type="checkbox"/>
	→ Professional associations	<input type="checkbox"/>	<input type="checkbox"/>
	→ Insurance company	<input type="checkbox"/>	<input type="checkbox"/>
	→ Industry-specific publications	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Section B		Yes	No
<b>Parking lots</b>	→ Are lot entrances and exits clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the lot well-lit?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is access controlled?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Are company vehicles parked overnight?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Have vehicles been broken into or stolen from the lot?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building perimeter</b>	→ Are high violence risk businesses (banks, bars) nearby?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the workplace located in a densely populated area?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the building isolated from other buildings?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the entrance well-lit?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the building shared by other businesses?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is building entry controlled by key or card?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security systems</b>	→ Is there a security system?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is it tested regularly (at least monthly)?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is the system adequate?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is there signage stating that there is a security system?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Does the system include mirrors or cameras?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>

**The inspection of company facilities should include areas inside and outside of the company building such as →**

**Workplace Risk Assessment – Fixed Workplaces** (continued)

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Section B		Yes	No
<b>Reception area</b>	→ Is it visible and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is reception staffed at all times?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Does the receptionist ever work alone?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is there a way to identify visitors (sign in)?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Can visitors enter the building when no one is at reception?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stairwells</b>	→ Are stairways and exits identified?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Can lights be turned off in the stairwell?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is there more than one exit from the stairwell?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Could someone hide at the bottom of the stairwell?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elevators</b>	→ Is there an emergency phone or call button?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is there a response procedure for elevator emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Before entering, is it possible to see if the elevator is occupied?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Washrooms</b>	→ Do employees and the public use the same washrooms?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is there key or card access to the washrooms?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Can the lights be turned off?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Offices / Meeting rooms / Shop</b>	→ Do the rooms have good visibility from other areas?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Does staff meet one-on-one with clients/customers?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is furniture arranged to allow a quick exit?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Are employee offices separate from public spaces?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Are phones easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Other? Specify _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual violence, domestic and intimate partner violence</b>	→ Is there potential for employees to be exposed to sexual violence?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Is it possible for intimate partner violence or domestic violence to spill over into your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other areas that should be considered?</b>	→ _____	<input type="checkbox"/>	<input type="checkbox"/>
	→ _____	<input type="checkbox"/>	<input type="checkbox"/>
	→ _____	<input type="checkbox"/>	<input type="checkbox"/>

**You must consult with:**

- JHSC or
- Health and safety representative or
- Employees