



WORKPLACE HAZARDS INSPECTION FORM

Workplace Violence

Company: _____

Date: _____

Location: _____

Buliding: _____

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

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

Is the building entrance well lit?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are outside lights checked before dark?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are garbage areas, external buildings, or equipment that employees use:		
▪ 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

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Reception (cont'd)

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 weapon?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Signs

When you enter the building, are there signs to identify where you are?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there signs inside the building showing you where to get emergency assistance if needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If **no**, what signs are needed and where?

Are visitor areas and private areas clearly marked?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are rules for visitors clearly posted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there exit signs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there areas where exit signs are not present but are needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If yes, where?

Can the posted signs be easily seen by everyone?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If **no**, where are these signs located?

Are the hours of operation clearly posted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Signs (cont'd)

Impression of overall signage:

very poor poor satisfactory good very good

What other signs should be added?

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 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.

Is the lighting evenly spaced? yes no

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Lighting (cont'd)

Are any of the lights out? yes no

If **yes**, where are they located?

Can you access main light control switches? yes no

If **yes**, where?

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: yes no

▪ 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?

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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 _____

Could someone easily hide at the bottom of stairwells? 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

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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

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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 been reduced? yes no

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

Emergency Assistance

Has an emergency contact number been established for use:

- 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?

Is there a designated “safe” room where employees can go during an emergency? yes no

Does this room have a telephone and a door that can be locked from the inside? yes no

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Areas of Improvement

What improvements would you like to see? (If you need more space, use a blank page)

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Revised: March 2011