# 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
**WORKPLACE HAZARDS INSPECTION FORM**

**Around the Outside of the Building (Perimeter) (cont’d)**

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

**Security System**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a security system at your location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, is the system tested on a regular basis (e.g., at least monthly)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the security system adequate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there security guards/safety walking services available at your location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are signs posted indicating that there is a security system in use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there security cameras and mirrors placed in locations that would deter potential intruders?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reception**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your reception area easily seen and easy to get to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the receptionist/sales clerk clearly see incoming visitors/customers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the reception area/sales counter visible to fellow employees or members of the public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your reception area staffed at all times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can outsiders enter the building when there is no receptionist present?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Workplace Hazards Inspection Form

## Reception (cont’d)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the reception area the first stop for visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a policy for receiving, escorting, and identifying visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the reception area function as a security screening area for unwanted visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your receptionist work alone at times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an emergency call button at the reception area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>yes</strong>, have response procedures been developed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there objects/tools/equipment in this area that someone could use as a weapon?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Signs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you enter the building, are there signs to identify where you are?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there signs inside the building showing you where to get emergency assistance if needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>no</strong>, what signs are needed and where?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are visitor areas and private areas clearly marked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are rules for visitors clearly posted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there exit signs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there areas where exit signs are not present but are needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, where?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the posted signs be easily seen by everyone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If <strong>no</strong>, where are these signs located?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the hours of operation clearly posted?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WORKPLACE HAZARDS INSPECTION FORM**

### Signs (cont’d)

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? [ ] 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 violent persons? [ ] yes [ ] no
- [ ] work 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 the job? [ ] yes [ ] no
- [ ] work during the late hours of the evening or early hours of the morning? [ ] yes [ ] no
- [ ] use public transit during the workday? [ ] yes [ ] no
- [ ] travel to other cities/countries? [ ] yes [ ] no
- [ ] stay in hotels? [ ] yes [ ] no

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**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
### WORKPLACE HAZARDS INSPECTION FORM

#### Lighting (cont’d)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are any of the lights out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, where are they located?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you access main light control switches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, where?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Stairwells and Exits

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do exit doors identify the exit location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could someone easily hide at the bottom of stairwells?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the lighting bright enough?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can lights be turned off in the stairwell?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there more than one exit route?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any exit routes, which prevent you from getting away?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do stairwell doors lock behind you:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• during regular hours of operation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• after regular hours of operation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Possible Areas for an Attack

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there empty rooms that should be locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, where?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WORKPLACE HAZARDS INSPECTION FORM**

### 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
## 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
WORKPLACE HAZARDS INSPECTION FORM

### 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?  
- [ ] 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?  
- [ ] 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
WORKPLACE HAZARDS INSPECTION FORM

Areas of Improvement

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

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
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