

**Violence In The Workplace
Workplace Inspection Template**

Location	Building
Floor	Department
Division	Section
Date	Time
Completed by	

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 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 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

- travel to other cities/countries? Yes No

- stay in hotels? 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? Yes No

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:

- | | |
|--|---|
| <input type="checkbox"/> Recessed doorways | <input type="checkbox"/> Unlocked storage areas |
| <input type="checkbox"/> Stairwells | <input type="checkbox"/> Elevators |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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?

- | | |
|---|---|
| <input type="checkbox"/> transparent materials like glass | <input type="checkbox"/> mirrors |
| <input type="checkbox"/> windows in doors | <input type="checkbox"/> angled corners |
| <input type="checkbox"/> less shrubbery | <input type="checkbox"/> 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 (appro. 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

21. Overall Impression _____

How safe do you feel in each area listed below?

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