

Violence In The Workplace Risk Assessment Template

Department	Division
Section	Location
Completed by	Date

1. Have staff experienced verbal abuse while working? yes no

If yes, did staff report the incident(s)? yes no

If yes, did staff report the incident(s) orally? OR in writing?

What was the relationship of the abuser?

- client/customer
- member of the public
- other (please specify) _____

2. Have staff experienced written abuse while working? yes no

If yes, did staff report the incident(s)? yes no

If yes, did staff report the incident(s) orally OR in writing?

What was the relationship of the abuser?

- client/customer
- member of the public
- other (please specify) _____

3. Have staff experienced a threat of physical violence while working or as a result of work? yes no

If yes, did staff report the incidents(s)? yes no

If yes, did staff report the incident(s)? orally OR in writing?

What was the relationship of the abuser?

- client/customer
- member of the public
- other (please specify) _____

4. **Have staff experienced a physical assault or attack while working?** yes no

If yes, did staff report the incidents(s)? yes no

If yes, did staff report the incident(s)? orally OR in writing?

What was the relationship of the assailant?

client/customer

member of the public

other (please specify) _____

5. **Do staff ever:**

work alone or with a small number of co-workers? yes no

work in a community-based setting? yes no

work late at night or early in the morning? yes no

6. **Are staff/management concerned about violence on the job?** yes no

What is the source of concern?

Does such a possibility represent a

high risk medium risk low risk?