SHAPE THE Future

ATTACHMENT 5.03

Workplace Inspection Template

Building		**Department**
Location		**Division**
Floor		**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 (A lock your car@, Asecurity 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 valuables 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 pubic?	**☐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 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 and 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:

☐ **Recessed doorways** ☐ **Unlocked storage areas**
☐ **Stairwells** ☐ **Elevators**
☐ _____ ☐ _____

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?

☐ transparent materials like glass ☐ mirrors
☐ windows in doors ☐ angled corners
☐ less shrubbery ☐ 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?

_____

_____

12. 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

13. 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 (approx. 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**

19. Training

Have employees been trained in preventative work practices relative to their jobs? ☐**Yes** ☐ **No**

Have employees been trained in appropriate responses for violent situations that they may encounter? ☐**Yes** ☐ **No**

Have employees been trained in the procedures for reporting suspicious persons or incidents? ☐**Yes** ☐ **No**

20. Areas of Improvement

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

21. Overall Impression

How safe do you feel in each area listed below?

Check the box that indicates your feeling of safety in each area.	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						