**Workplace Violence Inspection Checklist**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1a. What is the work area?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. What best describes the work area?

|  |  |  |
| --- | --- | --- |
| [ ]  Hospital [ ]  Office Building  |   | [ ]  Correctional Facility  |
| [ ]  Warehouse [ ]  Park / Campground  |   | [ ]  Urban Road / Highway  |
| [ ]  Kitchen [ ]  Rural Road / Highway  |   | [ ]  Garage / Maintenance  |
| [ ]  Public Residence or Business  |   | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_  |

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the work area in a highly visible area? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there uncontrolled public access to the work area? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there limited access points to the work area? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are entrances and exits adequately lit? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are entrances and exits under observation? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are parking lots and walkways adequately lit? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any potential hazards around or near entrances, exits,

 parking lot, or walkways? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Practices**

1. What activities or tasks are completed in the work area?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Direct Patient Care  | [ ]   |   | Administrative (no public interaction)  | [ ]   |
| Customer / Client Services  | [ ]   |   | Equipment Repair / Maintenance  | [ ]   |
| Call Center  | [ ]   |   | Corrections / Rehabilitation  | [ ]  |
| Meal Preparation  | [ ]   |   | Mowing / Grounds Keeping  | [ ]  |
| Reception Area  | [ ]   |   | Care / Inspection of Public Property  | [ ]   |
| Cleaning / Housekeeping  | [ ]  |   | Assess/ Inspection of Private Property  | [ ]   |

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do employees work alone or in small numbers? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are dangerous workplace items present? Yes [ ]  No [ ]

(ex. weapons, drugs/medications, alcohol, money, hazardous chemicals)

List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there adequate and clearly identified escape routes? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Can employees call for help quickly and easily? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the work area monitored or observed? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are work practices or standard operating procedures up to date? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are current work practices sensible and safe for employees? Yes [ ]  No [ ]

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other notes and observations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Workplace Violence Risk Factors

Indicate which risk factors are present in the work area by checking the appropriate box.

1. Working late at night or in early morning. [ ]
2. Working alone or in small numbers. [ ]
3. Conducting mobile or field operations. [ ]
4. Working in remote locations. [ ]
5. Work in areas with uncontrolled public access. [ ]
6. Work in high crime areas? [ ]
7. Work in areas with previous security concerns or problems. [ ]
8. Exchange of money with the public. [ ]
9. Work with or near dangerous workplace items. (weapons, drugs, alcohol, money) [ ]
10. Handle complaints. [ ]
11. Long waits for service. [ ]
12. Excessively hot areas. [ ]
13. Excessively noisy areas. [ ]
14. Working with unstable individuals. (drug/alcohol use, mental illness, high emotions) [ ]
15. Low or inadequate staffing levels. [ ]
16. Inadequately or improperly trained staff. [ ]
17. Other. List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]
18. Other. List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]
19. Other. List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]

Other Observations:

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