

Workplace Violence Inspection Checklist

Employer: _____ Date / Time: _____

Work Location: _____ Inspector: _____

1a. What is the work area?: _____

1b. What best describes the work area?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Office Building | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Park / Campground | <input type="checkbox"/> Urban Road / Highway |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Rural Road / Highway | <input type="checkbox"/> Garage / Maintenance |
| <input type="checkbox"/> Public Residence or Business | | <input type="checkbox"/> Other: _____ |

Describe: _____

2. Is the work area in a highly visible area? Yes No

Describe: _____

3. Is there uncontrolled public access to the work area? Yes No

Describe: _____

4. Are there limited access points to the work area? Yes No

Describe: _____

5. Are entrances and exits adequately lit? Yes No

Describe: _____

6. Are entrances and exits under observation? Yes No

Describe: _____

7. Are parking lots and walkways adequately lit? Yes No

Describe: _____

8. 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	<input type="checkbox"/>	Administrative (no public interaction)	<input type="checkbox"/>
Customer / Client Services	<input type="checkbox"/>	Equipment Repair / Maintenance	<input type="checkbox"/>
Call Center	<input type="checkbox"/>	Corrections / Rehabilitation	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	Mowing / Grounds Keeping	<input type="checkbox"/>
Reception Area	<input type="checkbox"/>	Care / Inspection of Public Property	<input type="checkbox"/>
Cleaning / Housekeeping	<input type="checkbox"/>	Assess/ Inspection of Private Property	<input type="checkbox"/>

Describe: _____

2. Do employees work alone or in small numbers? Yes No

Describe: _____

3. Are dangerous workplace items present? Yes No
(ex. weapons, drugs/medications, alcohol, money, hazardous chemicals)

List: _____

4. Are there adequate and clearly identified escape routes? Yes No

Describe: _____

5. Can employees call for help quickly and easily? Yes No

Describe: _____

6. Is the work area monitored or observed? Yes No

Describe: _____

7. Are work practices or standard operating procedures up to date? Yes No

Describe: _____

8. Are current work practices sensible and safe for employees? Yes No

Describe: _____

Other notes and observations: _____

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: _____
- 20. Other. List: _____
- 21. Other. List: _____
- 22. Other. List: _____
- 23. Other. List: _____
- 24. Other. List: _____
- 25. Other. List: _____

Other Observations:

(Attach additional pages if necessary)