

## Bill 168 Risk Assessment Survey

By completing this survey your employer/supervisor will be able to develop workplace harassment and violence policies and programs based on your perception of how safe you feel in the workplace. All responses will be kept confidential and your name is not required on the survey.

Physical Environment and Existing Programs				
Question	Yes	No	N/A	Comments
Do you feel safe at work?				
Has your workplace been designed to protect you from workplace violence?				
In your opinion, are there adequate measures to protect you?				
Specifics Relating to the Physical Environment	OK	No	N/A	Comments
Lighting				
Security checks or protocols (ID checks, sign-in sheets, etc.)				
Restrictions on public access to work areas (secured elevators, stairwells, etc.)				
Security in areas used to store personal belongings (locker rooms, etc.)				
Security Staff				

Security of washrooms				
Security of parking lots				
Communication procedures (for example, when and how to call for help)				
Layout of work areas (visual obstructions, unsecured objects and furniture, etc.)				
Security devices (surveillance equipment, silent or sounding alarms, panic buttons, personal alarms, telephones, cell phones, etc.				
Other Comments:				
<b>Policy and Program</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Is there a written workplace violence policy and program for your workplace?				
Have procedures for violence prevention been set out for your work area?				
If so, are they easy to understand and adequate?				
Have you seen a written copy of the Policy and Program?				

How would you summon help?				
Do you have any other concerns or suggestions regarding the existing Policy and Program?				
Other Comments:				
<b>Specific Incidents at Work</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Have you been hit, pushed, <b>physically assaulted</b> , or otherwise attacked while working at this organization?				
<ul style="list-style-type: none"> <li>If so, where did the incident occur?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident orally or in writing?</li> </ul>				
Have you been <b>sexually assaulted</b> or been the target of a sexual incident while working at this organization?				
<ul style="list-style-type: none"> <li>If so, where did the incident occur?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>				

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>Did you report the incident orally or in writing?</li> </ul>				
<ul style="list-style-type: none"> <li>Who assaulted you? (client/customer; member of the public; co-worker; partner or ex-partner; supervisor; other)</li> </ul>				
Have you been <b>threatened with physical harm</b> (orally, in writing, or otherwise) while working at this organization?				
<ul style="list-style-type: none"> <li>If so, where did the incident occur?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident orally or in writing?</li> </ul>				
<ul style="list-style-type: none"> <li>Who threatened you? (client/customer; member of the public; co-worker; partner or ex-partner; supervisor; other)</li> </ul>				
Have you been <b>harassed</b> (sexual harassment, insults, or bullying) while working at this organization?				
<ul style="list-style-type: none"> <li>If so, where did the incident occur?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the</li> </ul>				

incident?				
<ul style="list-style-type: none"> <li>Did you report the incident orally or in writing?</li> </ul>				
<ul style="list-style-type: none"> <li>Who harassed you? (client/customer; member of the public; co-worker; partner or ex-partner; supervisor; other)</li> </ul>				
Overall what steps could be taken to make your workplace safer?				
Other Comments:				
<b>General Issues at Work</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Are you aware of any <b>disciplinary issues</b> associated with workplace harassment or workplace violence?				
<ul style="list-style-type: none"> <li>If so, where did the incident occur?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident?</li> </ul>				
<ul style="list-style-type: none"> <li>Did you report the incident orally or in writing?</li> </ul>				

	Yes	No	N/A	Comments
Are you aware of any outstanding JHSC issues relating to workplace violence or harassment?				
<ul style="list-style-type: none"> <li>If so, describe.</li> </ul>				
Is there an <b>Employee Assistance Program (EAP)</b> , and what is its reputation? Is it trusted?				
Are you aware of any <b>domestic violence</b> incidents that impacted your working environment?				
Are you aware of any <b>bullying</b> incidents that impacted you in your working environment?				
Are you aware of any <b>harassment</b> incidents that impacted you in your working environment?				
What is your overall opinion relating to <b>training of supervisors and workers</b> with respect to workplace violence and harassment?				
Are company-issued <b>vehicles</b> properly maintained?				
<ul style="list-style-type: none"> <li>Are vehicles equipped with special security devices?</li> </ul>				

	Yes	No	N/A	Comments
<ul style="list-style-type: none"> <li>Are workers working in remote or isolated areas.</li> </ul>				
<ul style="list-style-type: none"> <li>Are workers trained in safety routines for parking, leaving and returning to their vehicles?</li> </ul>				
<p>Other Comments:</p>				

**Thank you for your time in filling out this survey. Have a safe day.**