
WORKPLACE VIOLENCE PREVENTION WORKSHEET - Page 1 of 2

PLEASE FILL IN THE BLANKS (TYPE OR PRINT LEGIBLY) WITH COMPLETE ANSWERS AND CHECK ALL CATEGORIES WHICH APPLY TO YOUR PLACE OF BUSINESS:

Total number of employees: _____ (includes all full-time and part-time people on your payroll)

Total number of workers contracted by your company: _____

Does your company have an Injury and Illness Prevention Program? _____

Name of Responsible Safety Officer: _____

Please check each statement which is true for your business:

- We have supervisors, foremen, leaders who will be giving safety instructions.
- This business has specialized employees, departments or job classifications.
- This business has more than one location. If there are multiple locations, please photocopy this form and complete a separate form for each location.

Fully describe the type of business, type of products, department names, and a **description** of activities engaged in by your employees (if not obvious from department/product name):

Does your place of business have any of the following which may have a bearing on workplace security? Please check all that apply:

- Business Vehicles or Personal Vehicles used for business purposes. These vehicles may transport:
 - Clients/Employees
 - Materials/Products
- Computer(s), Cameras, other tools/equipment that are common on the Black Market
- Elevators
- Loading Dock
- Outbuildings
- Outside Fire Escapes
- Outside Storage
- Parking Lot for Employees
- Roll-up Garage/Warehouse Door(s)
- Stairs
- Tools or Equipment which are or could be used as weapons

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Is yours the only business in the building?_____, or do you share the building with other businesses?_____ Are you located in a complex (i.e., a mall or business park)?_____

Is there an agreement for mutual workplace security with the surrounding businesses?_____

Does the public have access to your place of business?_____ If yes, is public access restricted in any way? _____ If yes, how is access controlled?_____

Do employees have access to the building and/or work areas after hours?_____

How does the company determine which employees will be issued keys?_____

Do employees handle cash?_____ If yes, do employees engage in cash transactions with customers?_____ If yes, what kinds of protections exist to protect employees from robbery (i.e. counters, security windows, etc.)?_____

Has the company ever been the target of a robbery?_____ If so, what changes have been made to prevent future robberies?_____

Does the company have a security system in place?_____ If yes, please describe the components (i.e. security guards, surveillance cameras, computerized locks, etc.)

If no, does the company have plans to put a security system in place in the near future?_____

If yes, what kind?_____

Describe the company's physical location. Include a description of the building itself, its entrances and exits, any surrounding buildings, open areas, parking lots, landscaping, gates, etc.:

This form was completed by:

Name_____ Official Title_____

Signature_____ Date_____