



## Workplace Respect Hazard and Risk Worksite Assessment Form

Date	Project Location
Completed By	Position Held

		Yes/No/NA	Indicate Hazard Controls	Level of Risk Low/Med/High	Action taken (if any)
1	Are entrances and exits well marked?				
2	Is the workplace well lit?				
3	Are damaged or spent light bulbs or fixtures replaced in a timely manner?				
4	Is access to light switches limited or controlled?				
5	Do you have controlled access to the building/lot/site?				
6	Is there a security system in place?				
7	If so, is it regularly tested with mock drills?				
8	Are there security signs posted?				
9	Are there security cameras and/or mirrors strategically placed throughout the workplace?				
10	Is emergency assistance readily available to all areas of the workplace?				
11	Are emergency numbers clearly posted?				
12	Is the ability to access emergency help via phone or call buttons easily accessible?				

		Yes/No/NA	Indicate Hazard Controls	Level of Risk Low/Med/High	Action taken (if any)
13	Has vandalism been a problem either recently or in the past?				
14	Is your workplace isolated?				
15	Are controls in place for areas with poor visibility or possible hiding places?				
16	Is there a system in place to alert employers of a possible intruder?				
17	Are areas clearly designated and identified as public or private?				
18	Is the reception/entry check point area clearly identified?				
19	Is reception/entry check point area visible to fellow employees or members of the public?				
20	Is the reception/entry check point area staffed at all times?				
21	Is there access to the workplace were no reception/entry check point is present?				
22	Have areas where individuals work alone been identified and security measures put in place?				
23	Are the response measures time tested and tested on a regular basis?				
24	Is access to stairwells controlled, well lit and provided with security cameras?				
25	Are there multiple exits from the stairwells?				
26	Is access to elevators controlled, well lit and provided with security cameras?				
27	Is there an emergency phone or call button in all elevators?				

		Yes/No/NA	Indicate Hazard Controls	Level of Risk Low/Med/High	Action taken (if any)
28	Is there an emergency response plan and if so is it regularly practiced?				
29	Are there washrooms for staff only?				
30	Are male and female washroom facilities separate?				
31	Can the lights be turned off by an intruder?				
32	Is washroom access well lit and provided with security cameras?				
33	Are certain employees at a higher risk of workplace respect violations because of their location or the office layout?				
34	Has furniture been arranged to allow distance control and quick exit?				
35	Has a safe area been designed and set up with the security measures required to protect staff?				
36	When and where possible, have objects that can be used as weapons been removed or reduced?				
37	Do you have a working alone policy in place?				
38	Are all employees trained in this policy? Is it practiced and enforced?				
39	Do you periodically do employee questionnaires to gather information regarding past violations or identify areas of employee concern?				
40	Do you have employees that work with or handle cash?				
41	Do you feel your security measures are adequate to ensure their safety?				

		Yes/No/NA	Indicate Hazard Controls	Level of Risk Low/Med/High	Action taken (if any)
42	Are workplace hazard/ risk assessments done when workplace is changed or a new location established?				
43	Are you aware of any present employees that have been a recent target of domestic violence?				
44	Do spouses or partners visit the workplace? Are they required to abide by the same controls that are in place for the public?				

In addition to these questions ask yourself "What else can go wrong?" Add it to the list below and assess the risk factor.					
45					
46					
47					
48					

Category of Risk	Description
<b>Low</b>	One or more potential risks occasionally place the employee at risk or the risk is low.
<b>Medium</b>	One or more potential risks occasionally place the employee at risk or the risk is moderate.
<b>High</b>	One or more potential risks regularly place the employee at risk or the risk is severe.

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your worksite. Further, it is essential that this document is not only complete, but is used, communicated, and implemented in accordance with the legislation. The COAA, its members, affiliates, employees or agents will not be liable to you for any damages, direct or indirect, arising out of your use of this form.