

**VIOLENCE IN THE WORKPLACE: PREVENTION AND RESPONSE
RISK ASSESSMENT (next page)**

This form is designed to help managers and employees (faculty, staff and student employees) of StFX University carry out an assessment of the potential risks of violence/threatening behaviour associated with the activities carried out in their departments. (“Violence” means any act or attempted act of physical force that either causes or is intended to cause physical injury to any person, or damage, destruction or loss of property. “Threatening Behaviour” includes any statement or conduct that may cause a reasonable person to believe that his or her personal safety is at risk or that property is at risk of damage, destruction or loss.). Contact Risk Management for more information.

Respondent’s Name: _____

Respondent’s Department: _____

Respondent’s Position: _____

Part 1: Department
Please describe your department and the types of activities carried out by you or your colleagues in the department.
Description:
Part 2: History
1. Have there been incidents when you or your colleagues in your department have experienced or been threatened with violence/threatening behaviour?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
2. Are you aware of actual incidents of violence/threatening behaviour on campus that makes you worry about your own personal safety?
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:
Part 3: Activities which might expose you or your colleagues to the risk of violence/threatening behaviour:
3. Do you or your colleagues in your department work with money or other valuables?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
4. Do you or your colleagues in your department deliver or collect items of value?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:

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5. Do you or your colleagues in your department deal with people who are under the influence of alcohol or drugs?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
6. Do you and your colleagues in your department deal with people who are deeply troubled or extremely distressed?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
7. Do you or your colleagues in your department monitor or regulate the activity of others or carry out processes or make decisions that adversely affect others?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
8. Are you or your colleagues in your department involved in activities that may elicit a negative or confrontational response?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
9. Are you or your colleagues in your department involved in interpersonal conflicts with others on campus?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
10. Do you or your colleagues in your department work alone during normal working hours? (Definition -- A person works alone when they work in a situation where they are out of sight and out of hearing of others.)
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:

11. Do you or your colleagues in your department work alone after normal working hours?
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:
12. Please describe any precautions already taken to safeguard members of your department who work alone.
Description:
13. Please describe other factors of the department or its activities which you feel might increase the risk of violence/threatening behaviour.
Description:
Part 4: Reducing the risk of violence/threatening behaviour
14. Please describe policies or procedures already in place to reduce the risk of violence/threatening behaviour in your department.
Description:
15. Please describe any actions/measures that you take to reduce the risk of violence/threatening behaviour in your department?
Description:

16. In light of your responses to the questions in this assessment:

(a) Do you consider that all reasonable steps have been taken to prevent or reduce the risk of violence/threatening behaviour?

No Yes

(b) What further steps do you recommend?

(c) What assistance do you need to accomplish any of the above steps? Please specify:

Assessment Date: _____

Signature: _____

Respondent's Name: _____

Phone#: _____

(Please print)

E-mail: _____

Thank you for your co-operation and input.

Please return this questionnaire to ohs@stfx.ca



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