

EMPLOYEE RISK ASSESSMENT QUESTIONNAIRE

Workplace Violence

Name: _____ **Title:** _____

Manager's Name: _____ **Company:** _____

Date Completed: _____

1. Have you experienced verbal abuse (e.g., swearing, insults, teasing, or bullying) while an employee of this company?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , did you report the incident(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> other (describe) _____		
2. Have you experienced verbal or written threats (e.g., "If you don't get off my back, you'll regret it.") while an employee of this company?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , did you report the incident(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> other (describe) _____		
3. Have you been threatened with physical harm (e.g., someone shaking a fist, throwing objects, committing vandalism) while an employee of this company?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , did you report the incident(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes , how did you report the incident(s)? <input type="checkbox"/> orally? <input type="checkbox"/> in writing?		
What was the relationship of the person to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> other (describe) _____		

Employee Risk Assessment Questionnaire

4.	Have you experienced a physical assault or attack while an employee of this company?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If yes , did you report the incident(s)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If yes , how did you report the incident(s)?	<input type="checkbox"/> orally? <input type="checkbox"/> in writing?	
	What was the relationship of the abuser to you? <input type="checkbox"/> co-worker <input type="checkbox"/> client/customer <input type="checkbox"/> member of the public <input type="checkbox"/> other (describe) _____		
5.	Do you ever:		
	– work alone or with a small number of co-workers?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	– work in a community-based setting?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	– work late at night or early in the morning?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.	Are you concerned about work rage on the job?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	What is the source of your concern? _____		
7.	Do you believe that work rage in your workplace is a <input type="checkbox"/> high risk? <input type="checkbox"/> medium risk? <input type="checkbox"/> low risk?		

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