

EMPLOYEE RISK ASSESSMENT QUESTIONNAIRE: WORKPLACE VIOLENCE

Company _____ Date _____

Location _____ Manager _____

Floor Section _____ Name (optional) _____

1. Have you experienced verbal abuse (swearing, insults, or degrading language) while employed with this company?

a. If yes, did you report the incident(s) orally? in writing? have not experienced

b. What was the relationship of the abuser to you?

co-worker client/customer member of the public other

2. Have you experienced verbal or written threats while employed with this company?

a. If yes, did you report the incident(s) orally? in writing? have not experienced

b. What was the relationship of the abuser to you?

co-worker client/customer member of the public other

3. Have you been threatened with physical harm while employed with this company?

a. If yes, did you report the incident(s) orally? in writing? have not been threatened

b. What was the relationship of the abuser to you?

co-worker client/customer member of the public other

4. Have you experienced a physical assault or attack while employed with this company?

a. If yes, did you report the incident(s) orally? in writing? have not experienced

b. What was the relationship of the abuser to you?

co-worker client/customer member of the public other

5. Do you ever:

a. work alone?

b. work with small numbers of co-workers?

c. work in a community-based setting?

d. work late at night?

e. work early in the morning?

f. go to client's homes or businesses?

g. handle cash or prescription medications?

h. work in a restaurant or bar that serves alcohol?

i. drive on work-related business?

6. Do you think that workplace violence is a risk in this workplace? yes no