Assessors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building/Unit/Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: All Manitoba businesses must perform a Risk Assessment to determine their level of risk to violence as per the MB WSH Regulations Part 11.**

This Violence Risk Assessment is to be conducted in conjunction with the Employee Violence Risk Assessment Questionnaire

***Note: If a risk of violence is identified after performing this risk assessment, your business is subject to follow Part 11 of the MB Workplace Safety and Health (WSH) Regulation.***

|  | **YES** | **NO** | **Explanations / Controls** |
| --- | --- | --- | --- |
| **GENERAL** |
| Does your workplace provide any of the following services:* Health Care services (i.e. medical clinic, hospital, personal care home etc.)
* Pharmaceutical-dispensing services
* Education services
* Financial services
* Police, corrections or other law enforcement services
* Security services
* Crisis counseling and intervention services
* Public transportation, (cab or bus)
 |  |  | *Any workplace that answers yes to any of these services is subject to Part 11 of the MB WSH Regulations* |
| Is the workplace open to the public for the purpose of retail sales between the hrs 23:00 – 06:00? |  |  | *Any workplace that answers yes to any of these services is subject to Part 11 of the MB WSH Regulations* |
| Is the workplace a licensed premises within the meaning of the Liquor Control Act |  |  | *Any workplace that answers yes to any of these services is subject to Part 11 of the MB WSH Regulations* |
| Do your employees ever interact with people under the influence of drugs or alcohol? |  |  |  |
| Do your employees handle cash or valuables? |  |  |  |
| Do your employees collect or deliver valuable items? |  |  |  |
| Are you open to the public? If yes, are there times that there is only 1 employee present? |  |  |  |
| Do you employees deal with upset or enraged customers (i.e. tow truck company, parking ticket dispensing company)? |  |  |  |
| Do your employees handle firearms or weapons? |  |  |  |
| Has your workplace experienced violence in the past? (physical violence, verbal abuse, obscene phone calls etc) |  |  |  |
| Are your employees involved in activities that may trigger a negative or confrontational response from others? |  |  |  |
| Does your company ever inspect other people’s property (i.e. homes, businesses, personal belongings)?  |  |  |  |
| Have other businesses in the same industry as yours ever experienced violence? |  |  |  |
| Have you had recent job terminations or layoffs? |  |  |  |
| **PARKING LOT** |
| Is your parking lot marked with safety signage (i.e. security patrolled, video surveillance, lock your car, protect your valuables)? |  |  |  |
| Are employees parking their car after business hours? |  |  |  |
| Has there been a history of vandalism or theft? |  |  |  |
| Does your lot have controlled entry (i.e. gate)? |  |  |  |
| Are there any shrubs or trees in the vicinity that could hide an assailant?  |  |  |  |
| Is your lot well lit? (preferably on photo-cells rather than timers) |  |  |  |
| Are there security phones or emergency phones available in the parking lot? |  |  |  |
| **RECEPTION** |
| Does the receptionist work alone within his/her area (out of site of other employees)? |  |  |  |
| Is the reception area the first point of contact for visitors, public and clients? |  |  |  |
| Is there an emergency button or silent alarm available to the receptionist? |  |  |  |
| * If yes, are there procedures developed?
 |  |  |  |
| Is there a procedure developed for receiving visitors and public? |  |  |  |
| * If yes, are the workers trained in the procedures?
 |  |  |  |
| Could objects in reception area be used as weapons? |  |  |  |
| **LIGHTING** |
| Are there areas that are too dark? If so please list them. |  |  |  |
| Are all exit signs illuminated? |  |  |  |
| Are there any lights burnt out? |  |  |  |
| Do all rooms (storage rooms etc.) have lighting? |  |  |  |
| **ELEVATORS** |
| Do you have full view of the elevator when the doors are open? Could someone potentially hide in the elevator? |  |  |  |
| Is there an emergency telephone or emergency call button in the elevator?  |  |  |  |
| * If so, does it work?
 |  |  |  |
| Is there an elevator emergency procedure developed? |  |  |  |
| Are there key card accesses to certain floors? |  |  |  |
| **WASHROOMS** |
| Do the patrons and employees have to get a key to access the washroom? If so, please specify, and how many keys are available? Where are the keys located? |  |  |  |
| Can the public access the washrooms? |  |  |  |
| Can you turn the lights off in the washroom? |  |  |  |
| Do the washrooms have emergency call buttons? |  |  |  |
| Are washrooms inspected on a regular basis?  |  |  |  |
| * If so, how often.
 |  |  |  |
| Is there emergency lighting in the washrooms? |  |  |  |
| **BUILDING PERIMETER** |
| Is your building near or in a high crime area? |  |  |  |
| Do your neighbours offer 1 of the 7 services listed in section “general” at the beginning of this assessment? |  |  |  |
| Are there signs of vandalism? |  |  |  |
| Is there, or do you frequently have graffiti on the walls of the buildings? |  |  |  |
| Is the building inspected on a regular basis?  |  |  |  |
| * If so , how frequent?
 |  |  |  |
| Is your building often visited by vagrants? |  |  |  |
| Do prostitutes work in the vicinity of your workplace? |  |  |  |
| Is you workplace located in a area of gang member activity? |  |  |  |
| What types of displays are in your window? Anything tempting or confidential? |  |  |  |
| Do and can you close the blinds at night? |  |  |  |
| Do the neighboring businesses have security shutters over their doors and windows at night? *This may be a leading indicator.*  |  |  |  |
| * If so, do you have security shutters over your windows that you close at night?
 |  |  |  |
| Is there adequate lighting on the outside of the building? |  |  |  |
| Are garbage areas outside of the building used by employees?  |  |  |  |
| * If so, is it within good visibility
* Are there hiding spaces nearby?
 |  |  |  |
| **STAIRWAYS, EXITS AND ACCESS** |
| Can the lights be turned off in the stairways? |  |  |  |
| Do the stairway doors lock behind people? |  |  |  |
| Is there more than one exit route? |  |  |  |
| Are the stairways and exits clearly marked? |  |  |  |
| Do stairway doors have panic bars? |  |  |  |
| Are there places within the stairway that someone could hide? |  |  |  |
| Is your building connected to other buildings through stairways, exits or hallways? |  |  |  |
| * If so, is there access control?
 |  |  |  |
| Do your employees use fobs, cards or keys to access areas within the building? |  |  |  |
| Is there a system to minimize the distribution of keys, cards or fobs? |  |  |  |
| Is there a system to alert employees that an intruder has entered the building? |  |  |  |
| Are there safe walk programs in place? |  |  |  |
| Is there a security system into your building?  |  |  |  |
| * If so, is it tested monthly?
 |  |  |  |
| **AREAS OF ENTRAPMENT** |
| Are there small areas where someone could hide? * Doorways
* Storage rooms
* Stairways
* Elevators
* Abandoned areas
 |  |  |  |
| If you have a stockyard, is there equipment, storage or physical barriers where someone could hide that is accessible to the public? If so, where? |  |  |  |
| Are there security cameras installed to monitor the yard? |  |  |  |
| Do you have a six foot chain linked fence with 3 strands of barbwire surrounding your yard? |  |  |  |
| **WORKING ALONE** |
| Do you have employees that work alone? |  |  |  |
| Do you have a work alone policy? |  |  |  |
| * If so, are your employees trained in the work alone procedures?
 |  |  |  |
| Are there isolated areas in your workplace? |  |  |  |
| * If yes, how far is the nearest person?
 |  |  |  |
| Do your employees ever work alone without anyone else from your company present? (i.e. service personnel, delivery drivers, installers) |  |  |  |
| * If so, where is the nearest phone?
* Is there cell phone coverage?
 |  |  |  |

Full Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner / Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_