Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location / Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Violence Risk Assessment Questionnaire may be conducted in conjunction with the Violence Risk Assessment

***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.***

| **GENERAL** | **YES** | **NO** | **Explanations / Controls** |
| --- | --- | --- | --- |
| Have you ever had concerns for your personal safety at work? |  |  |  |
| Do you ever work alone? |  |  |  |
| Do you work late at night or early in the morning? Please specify. |  |  |  |
| Do you ever interact with people under the influence of drugs or alcohol? |  |  |  |
| Do you handle cash or valuables? |  |  |  |
| Do you or have you ever dealt with enraged or upset customers? |  |  |  |
| Have you ever witnessed or experienced verbal abuse (i.e. bullying, insults, swearing) while employed at this company? |  |  |  |
| Have you ever witnessed or experienced verbal, written or online (i.e. Facebook) threats while employed at this company (i.e. “I’d watch my back if I were you”)?* If “YES”, please explain who the abuser was in relationship to you. (i.e. co-worker, client, public)
 |  |  |  |
| Have you ever witnessed or experienced physical threats while employed at this company? (i.e. shaking fists, throwing objects)* If “YES”, please explain who the abuser was in relationship to you. (i.e. co-worker, client, public)
 |  |  |  |
| Have you ever witnessed or experienced physical assault while employed at this company? (i.e. shoving, hitting, inappropriate touching )* If “YES”, please explain who the abuser was in relationship to you. (i.e. co-worker, client, public)
 |  |  |  |
| Is rage an issue in your workplace? |  |  |  |
| Do you feel your building is located in a secure and safe area of your town or city? |  |  |  |
| Do you have any neighbouring businesses that may be at a higher risk of violence? Ie: bank or money mart, pharmacy, convenience store, bath houses, etc. |  |  |  |
| In terms of violence, what are your main concerns at this workplace? |  |  |  |
| Are there any areas of your building where you are concerned to be alone? (i.e. parking lot, washrooms, storage rooms) Please explain |  |  |  |
| Are you familiar with any actual or potential violent situations at your workplace that have occurred within the past year? |  |  |  |
| Other Comments: |  |  |  |