

Employee Violence Risk Survey - Sample

[Company Name]

1. Have you experienced verbal abuse while an employee of this company?

Yes__ No__

- a) If yes, did you report the incident(s)? Yes__ No__. If **yes**, did you report: Verbally?__ In writing? __
- b) What was the relationship of the abuser to you? Co-worker__ Client__ Public__ Other(specify)_____
- c) Where did the abuse occur (e.g. office, parking lot, training facility, in transit) _____
- d) When did the abuse occur i.e. year, month, date?_____

2. Have you experienced a threat of physical violence while an employee of this company?

Yes__ No__

- a) If yes, did you report the incident(s)? Yes__ No__. If **yes**, did you report: Verbally?__ In writing? __
- b) What was the relationship of the abuser to you? Co-worker__ Client__ Public__ Other(specify)_____
- c) Where did the abuse occur (e.g. office, parking lot, training facility, in transit) _____
- d) When did the abuse occur i.e. year, month, date?_____

3. Have you experienced a physical assault or attack while an employee of this company?

Yes__ No__

- a) If yes, did you report the incident(s)? Yes__ No__. If **yes**, did you report: Verbally?__ In writing? __
- b) What was the relationship of the abuser to you? Co-worker__ Client__ Public__ Other(specify)_____
- c) Where did the abuse occur (e.g. office, parking lot, training facility, in transit) _____
- d) When did the abuse occur i.e. year, month, date?_____

4. Did you miss any time from work as a result of the violence or harassment? Yes__ No__

If yes please indicate the length of absence from work _____days/weeks/months

5. Do you work alone or with a small number of co-workers? Yes__ No__

6. Do you work late at night or early in the morning? Yes__ No__

7. Are you concerned about your safety on the job? Yes__ No__

What is your source of concern?

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