

Part 1: Department
Please describe your department and the types of activities carried out by you or your colleagues in the department.
Description:
Part 2: History
1. Have there been incidents when you or your colleagues in your department have experienced or been threatened with violence/threatening behaviour?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
2. Are you aware of actual incidents of violence/threatening behaviour on campus that makes you worry about your own personal safety?
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:
Part 3: Activities which might expose you or your colleagues to the risk of violence/threatening behaviour:
3. Do you or your colleagues in your department work with money or other valuables?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
4. Do you or your colleagues in your department deliver or collect items of value?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:

AD XX Violence in the Workplace

5. Do you or your colleagues in your department deal with people who are under the influence of alcohol or drugs?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
6. Do you and your colleagues in your department deal with people who are deeply troubled or extremely distressed?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
7. Do you or your colleagues in your department monitor or regulate the activity of others or carry out processes or make decisions that adversely affect others?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
8. Are you or your colleagues in your department involved in activities that may elicit a negative or confrontational response?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
9. Are you or your colleagues in your department involved in interpersonal conflicts with others on campus?
<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Often <input type="checkbox"/> Constant
Description:
10. Do you or your colleagues in your department work alone during normal working hours? (Definition -- A person works alone when they work in a situation where they are out of sight and out of hearing of others.)
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:

11. Do you or your colleagues in your department work alone after normal working hours?
<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below.
Description:
12. Please describe any precautions already taken to safeguard members of your department who work alone.
Description:
13. Please describe other factors of the department or its activities which you feel might increase the risk of violence/threatening behaviour.
Description:
Part 4: Reducing the risk of violence/threatening behaviour
14. Please describe policies or procedures already in place to reduce the risk of violence/threatening behaviour in your department.
Description:
15. Please describe any actions/measures that you take to reduce the risk of violence/threatening behaviour in your department?
Description:

16. In light of your responses to the questions in this assessment:

(a) Do you consider that all reasonable steps have been taken to prevent or reduce the risk of violence/threatening behaviour?

No Yes

(b) What further steps do you recommend?

(c) What assistance do you need to accomplish any of the above steps? Please specify:

Assessment Date: _____

Signature: _____

Respondent's Name: _____

Phone#: _____

(Please print)

E-mail: _____

Thank you for your co-operation and input.

Please return this questionnaire to lareid@stfx.ca