

Sample Workplace Risk Assessment Template

Date: _____

Completed by: (name/group) _____

Use this form to conduct a risk assessment of the work area and building to identify perceived or real risks associated with the working environment. The assessment should be conducted at least biannually or whenever the environment changes significantly. Strategies to reduce identified risk should be addressed.

Access Control

How many public entrances does the building have?		
Can the number be reduced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building connected to other buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the building have access control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your building shared with other businesses or renters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is there access control to your area(s) only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a system to alert employees of access by intruders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are offices designed/arranged to distinguish public vs. private spaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are coded cards or keys used to control access to the building or certain areas in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you keep track of who has coded cards or keys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a system to minimize the distribution of keys/entry cards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you change codes/locks immediately if keys/cards are lost or misplaced or if employees are let go?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security System

Is a security system in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the system tested on a regular basis (monthly) to assure correct functions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the existing security system effective based on past performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are security guards/safety walking services available at your location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you posted signs indicating a security system is in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are security cameras and mirrors placed in locations that would deter potential offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reception

Is your reception area easily identifiable and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the receptionist clearly see incoming visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the reception area visible to fellow employees or members of the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your reception area staffed at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can outsiders enter the building when no receptionist is present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Is the reception area the first point of contact for visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a policy for receiving, escorting, and identifying visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the area function well as a security screening area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your receptionist work alone at times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an emergency call button at the reception area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have response procedures been developed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there objects/tools/equipment that could be used as a missile/weapon in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signage

If some entrance doors are not open, are there signs showing which doors are open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upon entering the building, are there signs to identify where you are?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Once in the building, are there signs showing you where to get emergency assistance if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what signs are needed and where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are visitor areas and private areas clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are rules for visitors clearly posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there exit signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there areas where exit signs are not present but are needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are signs posted to be highly visible to all?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where are these signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the hours of operation adequately posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are signs posted notifying the public that limited cash, no drugs, or no other valuables are kept on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impression of overall signage: <input type="checkbox"/> very poor <input type="checkbox"/> poor <input type="checkbox"/> satisfactory <input type="checkbox"/> good <input type="checkbox"/> very good		
What other signs should be added?		

Lighting

Is the lighting evenly spaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any lights out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		
Can you access main light control switches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		

Stairwells and Exits

Do exit doors identify where they exit to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there places at the bottom of stairwells where someone could hide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If yes, where?		
Is the lighting adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can lights be turned off in the stairwell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there more than one route?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any exit routes restrict your ability to get away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is yes, where?		
Do stairwell doors lock behind you		
<ul style="list-style-type: none"> • during regular hours of operation? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • after regular hours of operation? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Possible Entrapment Sites

Are there unoccupied rooms, crawl spaces or storage areas that should be locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		
Are there small, well-defined areas where you would be hidden from the view of others, such as:		
<ul style="list-style-type: none"> • recessed doorways 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • stairwells 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • unlocked storage areas 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • elevators 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there unlit storage areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Natural Surveillance

Are there any physical objects/structures that obstruct your view?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, could someone hide behind such objects/structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are windows kept clear of advertising displays or other items that obstruct the view?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What would make it easier to see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • transparent materials like glass 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • windows in doors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • less shrubbery 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • mirrors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • angled corners 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • other 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do members of the public approach staff only from the front?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Elevators

Do you have a full view of whether the elevator is occupied before entering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does each elevator have an emergency phone or emergency call	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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button?		
Is there a response procedure for elevator emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Washrooms

Is public access to washrooms controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the lights in the washrooms be turned off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are washrooms checked before the building is vacated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Meeting Rooms

Do you have a separate interview/meeting room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is natural surveillance possible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an alarm system in this room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the furniture arranged to allow emergency exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Emergency Assistance

Has an emergency contact number been established		
• during regular hours of operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• after regular hours of operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are emergency numbers posted on phones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are emergency phones accessible in all areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where is access needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Individual Offices

Are certain employees at higher risk of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has their furniture been arranged to		
• allow for quick exit from the office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• maintain a minimum distance (approx. 4–6 feet) between themselves and the client or visitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they reduced the number of objects that can be used as missiles or weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do these offices have good natural surveillance through the use of shatterproof glass in walls/doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Practices

Do you or any of your co-workers		
• work with the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• handle money or valuables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• carry out inspection or enforcement duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• provide service, care, advice, or education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• work with unstable or volatile people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• work alone or in small numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• work in community-based settings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• drive a vehicle as part of your job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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• work during the late hours of the evening or early hours of the morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• use public transit during your workday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• travel to other cities/countries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• stay in hotels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Working Alone

At the time of the inspection, did any areas feel isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which areas?		
In these areas, is there a telephone or sign directing you to emergency assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In these areas, how far is the nearest person to hear calls for help?		
Are alarms or panic buttons installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the alarms or panic buttons easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you periodically check the functioning of alarms or panic buttons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people (other than fellow inspectors) were around you at the time of inspection?		
Is it easy to predict when people will be around?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Movement Predictors

How easy would it be for someone to predict your patterns of movement?	<input type="checkbox"/> very easy <input type="checkbox"/> somewhat obvious <input type="checkbox"/> no way of knowing	
Is an alternative well-lit and frequently travelled route available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you tell what is at the other end of each walkway or corridor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where?		
In walkways/corridors, are there corners or alcoves where someone could hide and wait for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		

Areas of Improvement

List areas where lighting was a concern (too dark or too bright) during the inspection.		
•		
•		
What improvements would you like to see? (If you need more space, use a blank page)		

Overall Impression

How safe do you feel in each area listed below? Check the box that indicates your feeling of safety in each area.

	Very	Safe	Neutral	Unsafe	Very	N/A
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	safe				unsafe	
Main/front entrance						
Other entrances						
Elevators						
Stairwells						
Corridors/hallways						
On your floor						
At your desk						
Other office areas						
Parking areas						
Washrooms						
Kitchen, eating areas						