

## Departmental Violence Hazard Assessment Form<sup>1</sup>

This form is designed to help supervisors conduct an assessment and identify potential risks of violence associated with the activities carried out in their departments or areas, and to take steps to eliminate or minimize those risks. This form should be completed by the department supervisor or designate, preferably with input from employees who work in the area.

Please refer to the companion document *Control Measures for Violence* to assist you with identifying existing or recommended measures for preventing workplace violence. Contact the Occupational Health and Safety Office if you require additional information or assistance with your assessment.

**Please note:**

- (i) Separate forms are required for areas of responsibility at each campus location.
- (ii) Separate forms should be used to assess different departmental functions if necessary.
- (iii) Complete and submit this form electronically to [barbara.evans@mohawkcollege.ca](mailto:barbara.evans@mohawkcollege.ca) and keep a copy on file in your area for reference purposes.

### **PART 1 DEPARTMENT/WORK AREA**

Please identify your department and work areas, and describe the types of activities performed in each area.

---

<sup>1</sup> Adapted from ESAO/IAPA Workplace Violence Hazard Assessment Form

**PART 2 HISTORY OF VIOLENCE**

Have there been incidents where employees in your department *experienced* any of the following in the past three (3) years?

(a) Physical harm? [e.g. punch, kick, shove, assault]

Yes No

(b) Attempts of physical harm? [e.g. a person throwing an object; raising a fist or showing a weapon]

Yes No

(c) Statements or behaviour that could be interpreted as threats to cause physical harm?

[e.g. threatening notes or e-mails, stalking]

Yes No

If yes, please describe below.

**PART 3      ACTIVITIES THAT MAY INCREASE THE RISK OF VIOLENCE**

Do employees in your department...?

Activity	Yes	No	If yes, please identify the job function and describe the task performed.	CONTROLS <sup>2</sup>	
				Existing	Recommended
Handle cash or other valuables.  [i.e. Cashiers for merchandise, tuition, petty cash; counting/delivering money]					
Deal with people who may be under the influence of drugs or alcohol.					
Have face to face business/customer service dealings with students and clients.  <i>Examples: Sales, Reception, Bookstore, Student Life]</i>					
Oversee activities or control behaviours of others that may elicit a negative or confrontational response.  <i>Examples: Open Access; Library; Gymnasium; Security</i>					
Conduct or participate in meetings that involve or may elicit a negative or confrontational response. [i.e. withdrawing privileges; imposing suspensions, terminations or other sanctions]  <i>Examples: Counselling Services; Student Advising, Planning (e.g. Financial, Admissions, Registration), Human Resources, Security</i>					
Travel to other cities and/or stay in hotels.					

<sup>2</sup> Refer to "Control Measures for Violence" document.

**PART 4 FACTORS THAT INCREASE THE RISK OF VIOLENCE**

Working alone refers to situations whereby a person is out of sight and hearing of others and they do not expect a visit from another employee.

Activity	Yes	No	If yes, please describe	CONTROLS <sup>3</sup>	
				Existing	Recommended
Do any employees work alone where assistance is not readily available in the event of an incident during normal working hours?					
Do any employees work alone where assistance is not readily available in the event of an incident before or after normal working hours?					
Do employees work in a community-based setting? e.g. [travelling in the community, providing services in private homes – caregivers, home support workers].					
Do employees work in high a crime area?					
Please identify any other aspects of the work in your department that may increase the risk of a violent response?					

<sup>3</sup> Refer to the "Control Measures for Violence" document.

**PART 5      PREVENTION - REDUCING THE RISK OF VIOLENCE**

a) Do you feel that your department has taken all reasonable measures to prevent or reduce the risk of violence?      Yes  No

If no, what further steps would you recommend?

b) Do you require any assistance to accomplish the above?

c) Do you have any other concerns with respect to workplace violence?

**Completed by** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**Campus** \_\_\_\_\_  
**Date** \_\_\_\_\_

Please forward the completed form electronically to the Occupational Health & Safety Office ([barbara.evans@mohawkcollege.ca](mailto:barbara.evans@mohawkcollege.ca)) and keep a copy on file in your area for reference purposes.