**Sample Employee Risk Assessment Questionnaire**

Source: *Safe Workplace Promotion Services Ontario, publicly known as Workplace Safety & Prevention Services. www.wsps.ca*

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| **Name:** | **Title:** | | |
| **Manager’s Name:** | **Date Completed:** | | |
| 1. Have you experienced verbal abuse (e.g., swearing, insults, teasing, or bullying) while an employee of this company? | | Yes | No |
| If yes, did you report the incident(s)? | | Yes | No |
| If yes, how did you report the incident(s)  orally?  in writing? | | | |
| What was the relationship of the other person involved in the incident to you?  resident?  co-worker?  member of the public?  other (please describe) | | | |
| 1. Have you experienced verbal or written threats (e.g., “If you don’t get off my back, you’ll regret it.”) while an employee of this company? | | Yes | No |
| If yes, did you report the incident(s)? | | Yes | No |
| If yes, how did you report the incident(s)  orally?  in writing? | | | |
| What was the relationship of the other person involved in the incident to you?  resident?  co-worker?  member of the public?  other (please describe) | | | |
| 1. Have you been threatened with physical harm (e.g., someone shaking a fist, throwing objects, committing vandalism) while an employee of this company? | | Yes | No |
| If yes, did you report the incident(s)? | | Yes | No |
| If yes, how did you report the incident(s)  orally?  in writing? | | | |
| What was the relationship of the other person involved in the incident to you?  resident?  co-worker?  member of the public?  other (please describe) | | | |
| 1. Have you experienced a physical assault or attack while an employee of this company? | | Yes | No |
| If yes, did you report the incident(s)? | | Yes | No |
| If yes, how did you report the incident(s)  orally?  in writing? | | | |
| What was the relationship of the other person involved in the incident to you?  resident?  co-worker?  member of the public?  other (please describe) | | | |
| 1. Do you ever: | |  |  |
| * work alone or with a small number of co-workers? | | Yes | No |
| * work in a community-based setting? | | Yes | No |
| * work late at night or early in the morning? | | Yes | No |
| 1. Do you believe that work rage in your workplace is a   high risk?  medium risk?  low risk? | | | |