**Sample Employee Risk Assessment Questionnaire**

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

|  |  |
| --- | --- |
| **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? |