

## Workplace Security Assessment Form

Building		Address	
Department(s)			
Date		Time	
Name(s)			

### **PARKING LOT**

- Yes    No   Are the entrances and exits well marked?  
 Yes    No   Is the lot appropriately signed with security reminders (lock your car, security patrolled)?  
 Yes    No   Is there sufficient lighting?  
 Yes    No   Are alarms clearly marked?  
 Yes    No   Are government vehicles parked on-site after hours?  
     If yes, is there a secured vehicle compound?  Yes    No  
 Yes    No   Have there been vehicle thefts from the parking lot?

### **BUILDING PERIMETER**

- Yes    No   Is your workplace near any buildings or business that are at risk of violent crime (bars, banks)?  
 Yes    No   Is your building ever accidentally visited by violent, criminal, intoxicated or drugged persons?  
 Yes    No   Is your building located in a high crime area?  
 Yes    No   Are there signs of vandalism?  
 Yes    No   Are you located in a dense manufacturing area?  
 Yes    No   Are you isolated from other buildings?  
 Yes    No   Is there graffiti on the walls or buildings?  
 Yes    No   Is the exterior of the building adequately lighted?  
 Yes    No   Is the building entrance adequately lighted?  
 Yes    No   Is the entrance to the building easily seen from the street and free of heavy shrub growth?  
 Yes    No   Are outside lights checked before dusk?  
 Are garbage areas, external building or equipment that employees use:
  - in an area with good visibility?  Yes    No
  - close to the main building with no potential hiding places?  Yes    No Yes    No   Are there any overgrown shrubs or landscaping which obstruct your view or provide a hiding place?

**ACCESS CONTROL**

How many public entrances are there to your building? \_\_\_\_\_

- Can the number be reduced?  Yes  No
- Yes  No Is your building connected to any other buildings?  
If yes, is there access control to your building?  Yes  No
- Yes  No Is your building shared with other businesses/departments?  
If yes, is there access control to your areas?  Yes  No
- Yes  No Is there a system to alert employees of access by intruders?
- Yes  No Are offices designed/arranged to distinguish public vs. private spaces?
- Yes  No Do you use coded cards or keys to control access to the building or certain areas within the building?
- Yes  No Is there a system in place to minimize the distribution of keys/entry cards?
- Yes  No Do you change codes/locks immediately if keys/cards are lost or misplaced?
- Yes  No Do staff wear ID tags to identify approved access?

**SECURITY SYSTEMS**

- Yes  No Do you have a security system at your location?  
If yes, is the system tested on a regular basis (monthly) to assure correct function?  Yes  No
- Yes  No Is the existing security system effective based on past performance?
- Yes  No Are there security guards available at your location?
- Yes  No Have you posted signs indicating there is a security system in use?
- Yes  No Are security cameras and mirrors placed in locations that would deter potential offenders?

**RECEPTION**

- Yes  No Is your reception area easily identifiable and accessible?
- Yes  No Can the receptionist/sales clerk clearly see incoming visitors/customers?
- Yes  No Is the reception area/sales counter visible to fellow employees or members of the public?
- Yes  No Is your reception area staffed at all times?
- Yes  No Can outsiders enter the building when there is no receptionist present?
- Yes  No Is the reception area the first point of contact for visitors?
- Yes  No Do you have a policy for receiving, escorting and identifying visitors?
- Yes  No Does the area function well as a security screening area?
- Yes  No Does your receptionist work alone at times?
- Yes  No Is there an emergency call button at the reception area?  
If yes, have response procedures been developed?  Yes  No
- Yes  No Are there objects/tools/equipment that could be used as a missile/weapon in this area?

**SIGNAGE**

- Yes  No Upon entering the building are there signs to identify where you are?
- Yes  No Once in the building are there signs showing you where to get emergency assistance if needed?

If no, what signs are needed and where \_\_\_\_\_

- Yes  No Are visitor areas and private areas clearly marked?
- Yes  No Are rules for visitors clearly posted?
- Yes  No Are there exit signs?
- Yes  No Are there areas where exit signs are not present but are needed?

If yes, where \_\_\_\_\_

- Yes  No Are signs posted to be highly visible to all?

If no, where are these signs \_\_\_\_\_

- Yes  No Are the hours of operation adequately posted?
- Yes  No Are signs posted notifying the public that limited cash, no drugs or other valuables are kept on the premises?

**IMPRESSION OF OVERALL SIGNAGE**

- very poor  poor  satisfactory  good  very good

What other signs could be added \_\_\_\_\_

**WORK PRACTICES**

Do you or any of your co-workers:

- work with the public  Yes  No
- handle money, valuables or prescription drugs  Yes  No
- carry out inspection or enforcement duties  Yes  No
- provide services, care, advice or education  Yes  No
- work with unstable or volatile persons  Yes  No
- work in premises where alcohol is served  Yes  No
- work alone or in small numbers  Yes  No
- work in community-based settings  Yes  No
- drive a vehicle as part of the job  Yes  No
- work during the late hours of the evening or early hours of the morning  Yes  No
- use public transit during your work day  Yes  No
- travel to other cities / countries  Yes  No
- stay in hotels  Yes  No

NOTE: If you have answered "yes" to any of the above work practices questions, you should consider auditing your organization's procedures using the advice provided in CCHOS's Violence in the Workplace Prevention Guide.

**LIGHTING**

List areas where lighting was a concern (too dark or took bright) during the inspection.

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Yes  No Is the lighting evenly spaced?

Yes  No Are there any lights out?

If yes, where \_\_\_\_\_

Yes  No Can you access main light control switches?

If yes, where \_\_\_\_\_

**STAIRWELLS & EXITS**

Yes  No Do exit doors identify where they exit to?

Yes  No Are there places at the bottom of stairwells where someone could hide?

If yes, where \_\_\_\_\_

Yes  No Is the lighting adequate?

Yes  No Can lights be turned off in the stairwell?

Yes  No Is there more than one route?

Yes  No Are there any exit routes which restrict your ability to get away?

If yes, where \_\_\_\_\_

Do stairwell doors lock behind you:

- during regular hours of operation  Yes  No
- after regular hours of operation  Yes  No

**POSSIBLE ENTRAPMENT SITES**

Yes  No Are there unoccupied rooms that should be locked?

If yes, where \_\_\_\_\_

Are there small, well defined areas where you would be hidden from the view of others, such as:

- |  |   |
|--|---|
| <input type="checkbox"/> recessed doorways | <input type="checkbox"/> unlocked storage areas |
| <input type="checkbox"/> stairwells        | <input type="checkbox"/> elevators              |
| <input type="checkbox"/> _____             | <input type="checkbox"/> _____                  |

**NATURAL SURVEILLANCE**

Yes  No Are there physical objects / structures that obstruct your view?  
If yes, could someone hide behind such objects / structures?  Yes  No

If so, where \_\_\_\_\_

Yes  No Are windows kept clear of advertising displays or other items that obstruct view?

What would make it easier to see:

- transparent materials like glass
- windows in doors
- less shrubbery
- mirrors
- angled corners
- \_\_\_\_\_

Yes  No Do members of the public only approach staff from the front?

**WORKING ALONE**

Yes  No At the time of the inspection did any areas fee isolated?

If yes, what areas \_\_\_\_\_

In these areas, is there a telephone or a sign directing you to emergency assistance?  Yes  No

In these areas, how far is the nearest person to hear calls for help \_\_\_\_\_ft/m.

- Yes  No Do you have alarms or panic buttons installed?
- Yes  No Are alarms or panic buttons easily accessible?
- Yes  No Do you periodically check the function of alarms or panic buttons?

How many people (other than fellow inspectors) were there around you at the time of this inspection \_\_\_\_\_

- Yes  No Is it easy to predict when people will be around?
- Yes  No Is there a check in/out logbook for after hours?

**MOVEMENT PREDICTORS**

How easy would it be for someone to predict your patterns of movement?

- very easy
- somewhat obvious
- no way of knowing

- Yes  No Is there an alternative well-lit and frequently travelled route available?
- Yes  No Can you tell what is at the other end of each walkway or corridor?

If no, where \_\_\_\_\_

Yes  No In walkways / corridors are there corners or alcoves where someone could hid and wait?

If yes, where \_\_\_\_\_

**ELEVATORS**

- Yes  No Do you have full view of whether the elevator is occupied before entering?
- Yes  No Is there an emergency phone or emergency call button in the elevator?
- Yes  No Is there a response procedure for elevator emergencies?

**WASHROOMS**

- Yes  No Is public access to washrooms controlled?
- Yes  No Can the lights in the washrooms be turned off?
- Yes  No Are washrooms checked before building is vacated?

**INTERVIEW ROOMS**

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

**INDIVIDUAL OFFICES**

- Yes  No Are certain employees at risk of violence?  
Has their furniture been arrange to:
  - allow a quick exit from the office?  Yes  No
  - maintain a minimum distance (approx. 4-6 feet) between themselves and the client?  Yes  No
- Yes  No Have they reduced the number of objects that can be used as missiles or weapons?
- Yes  No Do these offices have good natural surveillance through the use of shatterproof glass in walls / doors?

**EMERGENCY ASSISTANCE**

- Has an emergency contact number been established:
  - during regular hours of operation?  Yes  No
  - after regular hours of operation?  Yes  No
- Yes  No Are emergency numbers posted on phones?
- Yes  No Are emergency phones accessible in all areas?  
If no, where is access needed \_\_\_\_\_
- Yes  No Do you have a designated "safe" room where employees can go during an emergency?
- Yes  No Does this room have a telephone, and a door which can be locked from the inside?

**TRAINING**

- Yes  No Have employees been trained in preventive work practices relevant to their jobs?
- Yes  No Have employees been trained in appropriate responses for violent situations that they may encounter?
- Yes  No Have employees been trained in the procedures for reporting suspicious persons or incidents?

