



Hazard Assessment Questionnaire

Element 4 - Hazard Assessment

Corporate Health and Safety Management System

PURPOSE

To report and assess violence in your Yukon government workplace.

Name (optional) _____ Date _____

Address or location of workplace: _____

1. HAVE YOU EXPERIENCED VERBAL ABUSE WHILE AN EMPLOYEE? YES NO
If yes, did you report the incident(s)? Yes No
If yes, did you report the incident(s)? Orally Written
What was the relationship of the abuser to you?
 Co-Employee Member of the Public Family Member _____
2. HAVE YOU EXPERIENCED WRITTEN ABUSE WHILE AN EMPLOYEE? YES NO
If yes, did you report the incident(s)? Yes No
If yes, did you report the incident(s)? Orally Written
What was the relationship of the abuser to you?
 Co-Employee Member of the Public Family Member _____
3. HAVE YOU EXPERIENCED A THREAT OF VIOLENCE WHILE AN EMPLOYEE? YES NO
If yes, did you report the incident(s)? Yes No
If yes, did you report the incident(s)? Orally Written
What was the relationship of the abuser to you?
 Co-Employee Member of the Public Family Member _____
4. HAVE YOU EXPERIENCED AN INCIDENT OF VIOLENCE WHILE AN EMPLOYEE? YES NO
If yes, did you report the incident(s)? Yes No
If yes, did you report the incident(s)? Orally Written
What was the relationship of the abuser to you?
 Co-Employee Member of the Public Family Member _____
5. 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
6. ARE YOU CONCERNED ABOUT VIOLENCE IN THE WORKPLACE? YES NO
What is the source of your concern?

Do you believe such a possibility represents a

High Risk Medium Risk Low Risk?

Additional comments or concerns