

EMPLOYEE RISK ASSESSMENT SURVEY (Adapted from CCOHS Work Rage in the Workplace guide)

1. Have you experienced verbal abuse while being employed by this company?
(Vulgar language, swearing, insults, teasing or bullying) Yes No
 - Did you Report the Incident(s)? Yes No Orally Verbally Written
 - What was the relationship of the abuser to you? Coworker Client/customer
 - Other _____

2. Have you experience written abuse while an employee of this company?
 - Did you Report the Incident(s)? Yes No Orally Verbally Written
 - What was the relationship of the abuser to you? Coworker Client/customer
 - Other _____

3. Have you experience a threat of physical violence while an employee at this company? (someone shaking a fist, throwing something) Yes No
 - Did you Report the Incident(s)? Yes No Orally Verbally Written
 - What was the relationship of the abuser to you? Coworker Client/custom
 - Other _____

4. Have you experience a physical assault or attack while an employee of this company? Yes No
 - Did you Report the Incident(s)? Yes No Orally Verbally Written
 - What was the relationship of the abuser to you? Coworker Client/customer
 - Other _____

5. Do you ever Work alone or with a small group of co-workers? Yes No

6. Do you ever work at night or early in the morning? Yes No

7. Are you concerned about violence on the job? Yes No

8. What is the risk of workplace violence to you? High Medium Low

9. What are the causes of your concern? _____