

N L C S A


**NEWFOUNDLAND
& LABRADOR
CONSTRUCTION
SAFETY
ASSOCIATION**

WORKPLACE VIOLENCE RISK ASSESSMENT

Employee Questionnaire

Name:	
Job Title:	
Date:	

Instructions. Please complete the following survey based upon your own personal work experiences. This survey is designed to obtain feedback on employee exposure to Workplace Violence and will be incorporated into the company's Workplace Violence Risk Assessment.

1. Have you experienced verbal abuse (i.e., swearing, insults, teasing, or bullying) during the course of your employment with this company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report the incident(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how did you report the incident?	<input type="checkbox"/> Verbally? <input type="checkbox"/> In Writing?	
What was the relationship of the abuser to you?	<input type="checkbox"/> Co-worker <input type="checkbox"/> Client/customer <input type="checkbox"/> Member of public <input type="checkbox"/> Other (describe)_____	
2. Have you experienced verbal or written threats (i.e., 'If you don't get off my back, you'll regret it') during the course of your employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report the incident(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how did you report the incident?	<input type="checkbox"/> Verbally? <input type="checkbox"/> In Writing?	
What was the relationship of the abuser to you?	<input type="checkbox"/> Co-worker <input type="checkbox"/> Client/customer <input type="checkbox"/> Member of public <input type="checkbox"/> Other (describe)_____	
3. Have you been threatened with physical harm (i.e., someone shaking a fist, throwing objects, committing vandalism) during the course of your employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report the incident(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how did you report the incident?	<input type="checkbox"/> Verbally? <input type="checkbox"/> In Writing?	
What was the relationship of the abuser to you?	<input type="checkbox"/> Co-worker <input type="checkbox"/> Client/customer <input type="checkbox"/> Member of public <input type="checkbox"/> Other (describe)_____	

4. Have you experienced a physical assault or attack during the course of your employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you report the incident(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how did you report the incident?	<input type="checkbox"/> Verbally? <input type="checkbox"/> In Writing?	
What was the relationship of the abuser to you?	<input type="checkbox"/> Co-worker <input type="checkbox"/> Client/customer <input type="checkbox"/> Member of public <input type="checkbox"/> Other (describe) _____	
5. Do you ever:		
• Work Alone or with a small number of co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Work with the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Work late at night or early in the morning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you concerned about work rage on the job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the source of your concern?		
7. Do you believe that work rage in your workplace is a:		
<input type="checkbox"/> High Risk? <input type="checkbox"/> Medium Risk? <input type="checkbox"/> Low Risk?		
8. Do you have any other concerns regarding workplace violence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		