

The City University of New York Workplace Violence Prevention

EMPLOYEE WORKPLACE HAZARDS SURVEY

This survey will allow employees to provide input regarding workplace hazards. Please circle all appropriate responses.

Name: _____

Job Title: _____

Work Location: _____

Building: _____

1. Do you ever find yourself in one of the following situations at work?

A. Working alone? Yes No

B. Working without knowing when persons leave the workplace? Yes No

2. Are you aware of your workplace's written policy for addressing incidents of workplace violence? Yes No

3. Are you aware of what your workplace's written policy indicates regarding the following?

A. When and how to request the assistance of a co-worker? Yes No

B. When and how to request assistance from Campus Security? Yes No

C. When and how to request assistance from the local Police? Yes No

D. What to do about a threat of physical violence? Yes No

E. What to do when working alone? Yes No

F. What to do when working late at night or early in the morning? Yes No

G. How to be secure in and out of the building?

H. What to do if assaulted by a student or co-worker? Yes No

- | | | |
|--|-----|----|
| 4. Are you aware of any incidents of violence between your co-workers? | Yes | No |
| 5. Have you witnessed incidents of violence among students on your campus? | Yes | No |
| 6. Have you noticed that violence-related incidents increase during specific times or during specific types of situations? " | Yes | No |

If yes, please explain _____

7. In your assessment or experience, where in the building or worksite would a violent incident most likely occur?

lounge exits private offices

bathrooms entrance hallways stairways

Other (specify) _____

- | | | |
|---|-----|----|
| 8. Have you ever noticed a situation that could lead to a violent incident? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 9. Have you received any employer-sponsored training on how to deal with potentially violent situations? | Yes | No |
|--|-----|----|

10. On a scale of 1 to 10 (1= not worried, 10= very worried), how concerned are you about your personal safety at work? *Please circle one.*

1 2 3 4 5 6 7 8 9 10

11. On a scale of 1 to 10 (1= not prepared, 10 = very prepared), how prepared do you feel to handle a violent situation?

1 2 3 4 5 6 7 8 9 10

Please complete and submit to The Office of Human Resources in Shepard Hall, room 50 or to Public Safety Lieutenant George Crinnion in the North Academic Center room 4/201B.