

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.
Completed survey forms are to be forwarded to the Director of Public Safety

Name: _____ Job Title: _____

Work Location: _____ Building: _____

1. Do you ever find yourself in one of the following situations at work: A. Working alone? B. Working without knowing when persons leave the workplace?	Yes Yes	No 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? B. When and how to request assistance from Campus Security? C. When and how to request assistance from the local Police? D. What to do about a threat of physical violence? E. What to do when working alone? F. What to do when working late at night or early in the evening? G. How to be secure in and out of the building? H. What to do if assaulted by a student or co-worker?	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No 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 types of situations? If yes, please explain: _____ _____	Yes	No
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) _____	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No
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? Please circle one. 1 2 3 4 5 6 7 8 9 10		