## **Lakehead University**

## WORKPLACE VIOLENCE HAZARD ASSESSMENT FORM

Recent amendments to Ontario's *Occupational Health and Safety Act* require institutions like the University to "assess the risks of workplace violence that may arise from the nature of the workplace, the type of work or the conditions of work" (section 32.0.3(1). To assist the University in complying with the legislation, please answer the following questions and submit them to the Office of Human Resources by June 30, 2010 (place an "X" beside the answer to a "Yes/No" question as appropriate, and add applicable written comments, if you have any, where requested):

(I)	<u>ldentity</u> :	

- (1) Your department/area:
- (2) Main work performed in the department/area:
- (3) Location:

## (II) History:

- (1) Have there been incidents when employees in your department have experienced or been threatened with physical violence?

  Yes

  No
  - (a) If yes, please describe the incident(s):
  - **(b)** Describe your department's response, if any, to the incidents referred to in (a):

## (III) Factors that Might Increase the Risk of Violence:

- (1) Do employees in your department provide services directly to the public? Yes No
  - (a) If yes, please describe:

(2)	Do employees in your department deal with people who are deeply troubled or distressed?			
	Yes		No	
	(a)	If yes, please describe:		
(3)	Do employees in your department deal with highly sensitive or controversial matters? Yes No			
	(a)	If yes, please describe:		
(4)		uding narcotics or other drugs us	work with money or other valuables, sed in research or medical centres? No	
	(a)	If yes, please describe:		
(5)	Do employees in your department carry out security work, including patrolling, responding to requests for assistance in consequence of violence or threats, or providing protective services?  Yes  No			
	(a)	If yes, please describe:		
(6)		loyment status?	nake decisions which impact academic or	
	(a)	If yes, please describe:		
(7)	Do e Yes	employees in your department to	ravel to remote or hazardous locations? No	
	(a)	If yes, please describe:		

		(a) If yes, please describe:	
	(9)	Please describe any other aspects of the work carried out in your department that may lead to a violent response:	
(IV)	Violence Risk Controls:		
	(1)	Please list any procedures/arrangements in place to reduce the risk of violence in your department:	
	(2)	What further reasonable and feasible steps would you recommend?	
(V)	<u>Add</u>	dditional Comments?	

(8) Are employees in your department required to work alone or in isolation? Yes No