
Employee Security Survey

This survey will help detect Security Problems in your building or at an alternate worksite.

Please fill out this form, get your co-workers to fill it out and review it to see where potentially major security problems lie.

NAME: _____

WORK LOCATION: _____
(IN BUILDING OR ALTERNATE WORKSITE)

1. Do either of these two conditions exist in your building or at your alternate work site?

_____ Work alone during working hours.

_____ No notification given to anyone when you finish work.

Are these conditions a problem? If so when, please describe. (For example, Mondays, evening, daylight savings time)

2. Do you have any of the following complaints (that may be associated with causing an unsafe worksite)?

(Check all that apply)

_____ Does your work place have a written policy to follow for addressing general problems?

_____ Does your work place have a written policy on how to handle a violent client

_____ When and how to request the assistance of a co-worker

_____ When and how to request the assistance of police

_____ What to do about a verbal threat

_____ What to do about a threat of violence

_____ What to do about harassment

_____ Working alone

_____ Alarm System(s)

_____ Security in and out of building

_____ Security in parking lot

_____ Have you been assaulted by a co-worker?

_____ To your knowledge have incidents of violence ever occurred between your co-workers?

3. Are violence related incidents worse during shift work, on the road or in other situations.

Please specify: _____

4. Where in the building or worksite would a violence related incident most likely to occur?

_____ lounge

_____ exits

_____ deliveries

_____ offices

_____ parking lot

_____ bathroom

_____ entrance

_____ other (specify) _____

5. Have you ever noticed a situation that could lead to a violent incident?