WORKPLACE VIOLENCE PREVENTION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Physical Security Measures

☐ Yes ☐ No — Entry points are secured and monitored by cameras or guards

☐ Yes ☐ No — Lighting in parking lots and walkways is adequate

☐ Yes ☐ No — Panic buttons or emergency alarms are installed and functional

☐ Yes ☐ No — Visitor access is restricted and logged at all times

Policy and Training

☐ Yes ☐ No — Violence prevention policy is documented and accessible

☐ Yes ☐ No — Employees have received de-escalation and safety training

☐ Yes ☐ No — Reporting procedures for threats are clearly defined

☐ Yes ☐ No — Incident response team is identified and trained

Environmental Safety

☐ Yes ☐ No — Workspaces are designed to allow for easy egress

☐ Yes ☐ No — Mirrors are placed in blind corners or hallways

☐ Yes ☐ No — Furniture and equipment are secured to prevent use as weapons

☐ Yes ☐ No — Signage clearly indicates restricted areas and safety exits

Communication Systems

☐ Yes ☐ No — Internal communication systems are tested and operational

☐ Yes ☐ No — Staff can alert security discreetly during an incident

☐ Yes ☐ No — Emergency contact lists are updated and posted

☐ Yes ☐ No — Mobile devices or radios are available for remote staff

FINAL NOTES

Inspector Comments:

_____

_____

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_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ **I confirm this inspection was completed accurately**

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