

Location Name: _____

Date Completed: _____

Completed By: _____

Job Title: _____

Instructions:

1. Check the appropriate response under the physical environment/measures & procedures statement
2. Check and/or enter existing controls already in place
3. Enter the recommended controls or actions required
4. Enter who is responsible and date for the recommended control or action to be completed.

Physical Work Environment

Physical Environment / Measures & Procedures		Existing Controls	Recommended Controls / Action	Person Responsible / Date of Completion
Does the public have direct physical access to the workplace?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Reception area visible to other team members <input type="checkbox"/> <input type="checkbox"/>		
Are there multiple access points into the location?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Back or side entrances are kept locked and secured <input type="checkbox"/> <input type="checkbox"/>		
Is video surveillance and/or security services used to monitor entrances, exits and the surroundings of the workplace?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Is always there adequate lighting (or at least during working hours) inside and outside the building?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Does the location have well-lit and secure parking lot(s) available for team members?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Are there objects or equipment on counters in public areas that could be used to hurt people?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Dangerous items are stored or secured so only team members have access to them <input type="checkbox"/> <input type="checkbox"/>		

Physical Environment / Measures & Procedures		Existing Controls	Recommended Controls / Action	Person Responsible / Date of Completion
Is there cash kept on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Signage posted about limited availability of cash onsite <input type="checkbox"/> Counters and/or barriers prevent physical access to cash <input type="checkbox"/> Cash is regularly deposited into a safe <input type="checkbox"/> There are safety protocols in place when a team member deposits cash off-site such as taking different routes or using a buddy system		

Additional Information (if required):

Enter additional information

Type of Work

Physical Environment / Measures & Procedures		Existing Controls	Recommended Controls / Action	Person Responsible / Date of Completion
Can team members call for immediate help when required?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Emergency numbers are posted <input type="checkbox"/> Access to work/personal phone <input type="checkbox"/>		
Are team members scheduled to work at high-risk times such as early morning or late at night?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Buddy system/minimizing number of employees working during high-risk times <input type="checkbox"/> <input type="checkbox"/>		
Are team members scheduled to work alone?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Training provided on safety protocols for working alone <input type="checkbox"/> <input type="checkbox"/>		
Are team members trained to manage angry or aggressive clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Additional Information (if required):

Enter additional information