



# Grade Your Workplace Violence Prevention Program

Below are questions to help you determine the strength of your Agency Workplace Violence Prevention Policy. These questions are based on compliance with the NYS 12 NYCRR Part 800.6 and the NYS Department of Labor Public Employee Safety and Health (PESH) requirements, as well as best practices for implementing an effective workplace violence prevention program.



Please CHECK-OFF the most correct answer. If you do not know the answer, do not guess, but indicate the DK (Don't Know) option. Contact the PEF Health and Safety with any questions at 518-785-1900 x254 or [healthandsafety@pef.org](mailto:healthandsafety@pef.org).

Agency \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Completed By (Name/Union Position) \_\_\_\_\_

Contact Info: \_\_\_\_\_

## I) The Agency's Written Program is required to include:

### A) *Written Policy Statement*

- 1) Is there a written workplace violence prevention policy? .....  YES  NO  DK
- 2) What is the date of the current version? \_\_\_\_\_
- 3) Was PEF involved in writing/reviewing? .....  YES  NO  DK
- 4) Is it posted? .....  YES  NO  DK
- 5) If yes, where? \_\_\_\_\_

### B) *Risk Assessment – Identification of Risk Factors*

- 1) Has there been a walkthrough of the physical environment for each work location? .....  YES  NO  DK
- 2) Are they all current (within the past year)? .....  YES  NO  DK
  - (a) If "no", which locations are not (attach list if needed) \_\_\_\_\_
- 3) Is there a master list of locations? .....  YES  NO  DK

- 4) Were field staff/assignments (locations and assignments that are conducted outside of the office or other fixed location) included in the risk assessments? .....  YES  NO  DK  NA
- 5) Were union representatives included on each assessment?.....  YES/ALL  SOME  NONE  
 (a) If you answered “some”, on which ones were union representatives included? \_\_\_\_\_
- 6) Were relevant policies and work practices reviewed within the past year ..... YES  NO  DK  
 (a) Were union representatives involved..... YES  NO  DK
- 7) Were data from the workplace violence incident reports reviewed at least annually [look for trends, risk factors, prevention ideas, etc? ..... YES  NO  DK  
 (a) When was the last review conducted? \_\_\_\_\_  
 (b) Were union representatives involved ..... YES  NO  DK
- 8) Were risk factors identified specific to each office/fixed location/field group?.....YES  NO  DK

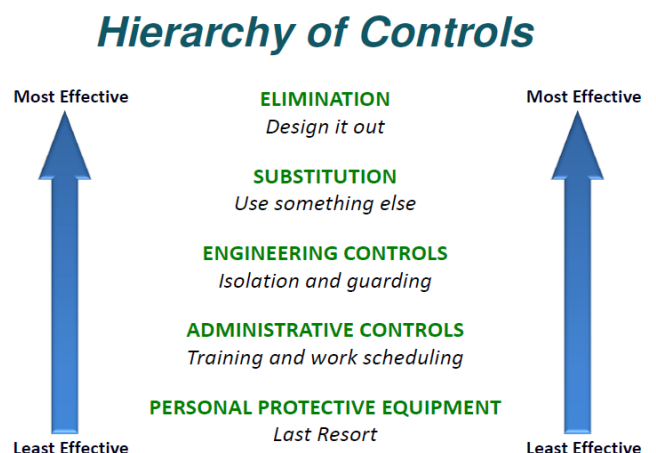
**C) Prevention and Control Measures**

- 1) Were control identified to correspond to each risk factor noted in Question 8? .....YES  NO  DK
- 2) What potential prevention and control measures have been identified? (attach a list if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3) Which have been implemented? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4) What alternative method(s) have been implement to protect members from workplace violence? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5) The “hierarchy of controls” shows the various types of hazard control measures, from least effective up to “best” and most effective (see diagram on right). The objective is to remove the hazard if at all possible, rather than putting the burden on the individual worker.

(a) At your agency/workplace, has the “hierarchy of controls” been used to select prevention and control measures?

- ALWAYS  SOMETIMES
- RARELY  NOT SURE



(b) If not “always”, list examples where the hierarchy of controls was not followed

---

---

---

**D) Training**

- 1) Do new employees receive WVP training during orientation? .....  YES  NO  DK
- 2) Have all staff been trained within the past year? .....  YES  NO  DK
- 3) Did the training include the following:
  - (a) An overview of workplace violence? .....  YES  NO  DK
  - (b) An overview of the NYS Law? .....  YES  NO  DK
  - (c) How to submit a workplace violence incident report? .....  YES  NO  DK
  - (d) Discussion of location- and job-specific risk factors? .....  YES  NO  DK
  - (e) Discussion of location- and job-specific preventive and control measures? .....  YES  NO  DK
  - (f) Opportunity to ask questions and/or raise concerns? .....  YES  NO  DK

**II) Filing Workplace Violence Reports – within the Agency and to DOL/PESH**

**A) Incident Reporting System - Agency**

- 1) Are employees familiar with WV incident reporting procedures? .....  YES  NO  DK
- 2) Is there a specific form for people to use to report incidents? .....  YES  NO  DK
- 3) Do employees know how to access WV incident report forms? .....  YES  NO  DK
  - (a) Do they know where to submit WV incident report forms? ...  ALL DO  SOME DO  NONE DO
- 4) Are investigations conducted in a timely manner? .....  
 ALWAYS.....  USUALLY.....  SOMETIMES.....  RARELY.....  NEVER
- 5) Do people who submit a report receive investigation results including notice of what actions will be taken (when possible and where it does not violate confidentiality or due process)?  
 ALWAYS.....  USUALLY.....  SOMETIMES.....  RARELY.....  NEVER

**B) PESH Complaints**

- 1) Are workers aware of their right to file a PESH complaint? .....YES  NO  DK
- 2) Have any PESH complaints on WVP been filed? ..... YES  NO  DK
  - (a) If yes, attach a document that lists the following for each PESH complaint:
    - (i) The site(s)/location(s)

(ii) The date of the PESH inspection

3) Has the PESH report been received by Union officials? ..... YES  NO  DK

(a) Were any citations issued? ..... YES  NO  DK

(b) If yes, for what violations?

---

---

(c) Was the citation posted in the workplace?.....YES  NO  DK

(d) Have there been any situations where intimidation or retaliation occurred after submitting a WV report or PESH complaint? ..... YES  NO  DK

**III) Workplace Violence Prevention Committees**

*WVP Committees are not required specifically by the Standard, however they can be used to satisfy the Authorized Employee Representative (Union) requirement. We strongly recommend using these committees.*

A) Is there an Agency Level/Statewide Workplace Violence Committee? .....  YES  NO  DK

1) List the chair(s) for the committee \_\_\_\_\_

---

2) List the members of the committee \_\_\_\_\_

---

3) List all meeting dates for the past 12 months \_\_\_\_\_

---

4) List all upcoming meeting dates \_\_\_\_\_

---

B) Are there any Local WVP Committees/Teams? .....  YES  NO  DK

1) What locations/areas are covered (worksite, facility, etc.) [attach additional sheets if necessary]?

---

---

1) List the chair(s) for each committee \_\_\_\_\_

---

2) List the members for each committee \_\_\_\_\_

---

3) List all meeting dates for the prior 12 months \_\_\_\_\_

---

4) List all upcoming meetings \_\_\_\_\_

---

**IV) Workplace Bullying Prevention**

*Bullying is not included in the WVP Standard, but bullying left unchecked can lead to workplace violence. A strong program will have a workplace bullying prevention component.*

- C) Does Your Agency Have a Program to Address Workplace Bullying? .....  YES  NO  DK
- 1) Is it included in the WVP Program? .....  YES  NO  DK
- 2) Is there a system for reporting? .....  YES  NO  DK
- (a) If yes, is it separate from the workplace violence incident reporting system? ....  YES  NO  DK
- (b) How are incident reports followed up (describe) \_\_\_\_\_
- 
- 3) Is there a workplace bullying policy (If yes, obtain)? .....  YES  NO  DK
- (a) Is it contained within the overall WVP policy? .....  YES  NO  DK
- 4) Is there training on workplace bullying? .....  YES  NO  DK
- (a) Is it included within the overall WVP training program? .....  YES  NO  DK

**V) What to do with this information:**

If you answered positively to all of the questions – congratulations! You have a strong WVP Program! See if there are any areas you can still improve upon.

If you answered NO or DK then there are problems with your program and your Agency may be in violation of the Standard. The more negative answers you have, the weaker your program is.

- ➔ **KEEP a copy for your records**
- ➔ **SHARE with your Statewide Health & Safety, Workplace Violence Prevention and Labor Management Committees**
- ➔ **STRATEGIZE with your union committees on taking corrective actions**
- ➔ **PLACE on your WVPC agenda as part of your annual review**
- ➔ **MEET with your members to discuss**
- ➔ **Use the information to file a PESH complaint**
- ➔ **Contact the Occupational Health & Safety Department with any questions**

---

*Upon request, PEF Occupational Health & Safety Department will provide other factsheets, standards, regulations, and other resources. Contact us at [healthandsafety@pef.org](mailto:healthandsafety@pef.org) or 518-785-1900, ext. 254 or 1-800-342-4306, ext. 254.*

**Funded in part by a NYS Department of Labor Hazard Abatement Board  
OSH Training and Education Grant**

**Produced by the New York State Public Employees Federation**

**Wayne Spence  
President**

**Joe Donahue  
Secretary-Treasurer**