



Faculty and Staff Campus Safety Survey

This survey will help the College identify potential workplace violence hazards on our campus.

Instructions: Please circle or write appropriate responses. The survey should require no more than 10 minutes to complete. Return your completed survey using one of the following methods:

Interoffice mail: To Leah Schanke, Human Resources, Box D-0202
Fax: To Office of Human Resources, Attn: Leah Schanke, at 646-660-6591
Email: To HR.Learning@baruch.cuny.edu

Name (optional): _____

Job Title (optional): _____

Department: _____

Building: _____ Shift if applicable: _____

1. Do these two conditions exist in your building or department?

a. Persons alone in an office or work location during regular hours?	Yes	No	
b. No notification to anyone when persons leave the department or work location?	Yes	No	

2. Does your campus have a written policy for addressing incidents of workplace violence?

	Yes	No	Don't Know
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3. Does your campus have a written policy on how to handle a violent student?

	Yes	No	Don't Know
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4. Does your campus have a written policy that indicates:



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| a. When and how to request the assistance of a co-worker/colleague? | Yes | No | Don't Know |
| b. When and how to request assistance from the Department of Public Safety? | Yes | No | Don't Know |
| c. When and how to request assistance from local police? | Yes | No | Don't Know |
| d. What to do about a verbal threat? | Yes | No | Don't Know |
| e. What to do about a threat of physical violence? | Yes | No | Don't Know |
| f. What to do about harassment? | Yes | No | Don't Know |
| g. What to do when working alone? | Yes | No | Don't Know |
| h. What to do when working late at night or early in the morning? | Yes | No | Don't Know |
| i. What to do when you hear a Fire Alarm? | Yes | No | Don't Know |
| j. Information about being secure in and out of the building? | Yes | No | Don't Know |
| k. What to do if assaulted by a student or co-worker/colleague? | Yes | No | Don't Know |
| l. Have incidents of violence ever occurred between your co-workers/colleagues? | Yes | No | Don't Know |
| m. Have you witnessed incidents of violence among students on your campus? | Yes | No | |
| 5. Are violence-related incidents worse during specific times or during specific situations? | Yes | No | Don't Know |

If yes, please explain _____



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6. Where in the building or campus would a violent incident most likely occur?

- Lounge Exits Private Offices
 Bathrooms Entrance Hallways
 Stairways Other (specify) _____

7. Have you ever noticed a situation that could lead to a violent incident? Yes No

8. Have you missed work because of a potential violent act that you felt would be committed? Yes No

9. Have you received any employer-sponsored training on how to deal with potentially violent situations? Yes No