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

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

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 __________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
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