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| **ULSTER COUNTY PERSONNEL DEPARTMENT**  244 Fair Street, PO Box 1800, Kingston, New York 12402-1800  Main: (845) 340-3550  Exam Hotline: (845) 334-5454  Fax: (845) 340-3592 | | | | |
| **PATRICK K. RYAN** |  | **SHEREE CROSS** |
| *County Executive* | *Personnel Officer* |
|  | **JAMES FARINA** |
|  | *Director of Employee Relations* |

***2021 Ulster County Employee Questionnaire***

EMPLOYEE RISK FACTOR SURVEY  
The Public Employer Workplace Violence Prevention Act as set forth in Section 27-b of the New York Labor Law and Code Rule 800.6 (12 NYCRR § 800.6) requires public employers to develop and implement programs to prevent and minimize workplace violence. Ulster County is committed to providing a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence prevention policy.

Part of the Workplace Violence Prevention program requires employers to involve employees. Though this Risk Factor survey is optional, it may be helpful for the Workplace Violence Prevention Committee to understand your workplace and its risks. Not all questions pertain to all work sites, please add as much detail as possible.

**Department/Unit** **Date**

**Work Location (if at alternate worksite)**

Please answer the questions about your department/unit. Place a mark in the column YES, NO. Additional comments can be made on the back of this form.

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| --- | --- | --- | --- |
|  | **YOUR POSITION AND WORK ENVIRONMENT** | **YES** | **NO** |
| 1 | Do you generally feel "safe" when you are at work? |  |  |
| 2 | Have you ever been concerned for your personal safety while at work? |  |  |
| 3 | Are you familiar with the procedures you should follow if confronted by anyone in a hostile manner? |  |  |
| 4 | Do you ever work alone or in isolated work areas during working hours?  If Yes: explain when |  |  |
| 5 | Do you work late night or early morning hours? |  |  |
| 6 | Are you required to work with cash? |  |  |
| 7 | Are you required to work with drugs? |  |  |
| 8 | Is the employee parking area secure when arriving, leaving and during changes of shift? |  |  |
| 9 | Does the department/unit have adequate lighting to, from and within the worksite? |  |  |
| 10 | Is access and freedom of movement within the workplace restricted to those persons who have a legitimate reason for being there? |  |  |
| 11 | In your work would alarm systems such as panic alarm buttons, silent alarms, or a personal electronic alarm system be useful in addition to other security measures? |  |  |
| 12 | Do you know to use security escort service after hours? |  |  |
| 13 | Are exits accessible and clearly marked? |  |  |
| 14 | Are you able to locate emergency equipment such as fire alarm boxes, fire extinguishers or emergency-generator outlets quickly? |  |  |
| 15 | Is emergency equipment accessible and free from obstruction? |  |  |
| 16 | Do you use the "buddy system" to work together if needed? |  |  |
| 17 | If you are working in the field do you have access to cell phones or other communication devices to request aid? |  |  |
| 18 | Have you recently witnessed a situation that could lead to a violent incident? |  |  |
| 19 | Do you know you are required to report incidents or threats of violence; is the reporting system clear and understandable? |  |  |
| 20 | Would you like to recommend any changes or additions to the workplace violence prevention training you received? |  |  |