

<b>Workplace Violence Hazard Identification Form</b>		Date of the inspection: <u>7/1/24</u>	
Company name and address		Pacifica Graduate Institute 801 Ladera Lane, Santa Barbara, CA 93108	
Name of person conducting inspection		Adam Brown/Norma Mesa	
Title of person conducting inspection		Director of Campus Operations/Director of Human Resources	
Specific Location being inspected		Lambert Campus	Shift
Specific Department being inspected		All	Shift
Specific Area being inspected		All	Shift
<b>Exterior of the workplace Lighting</b>			
1. Good lighting illuminates the exterior of the building		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
2. Entrance of building		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
3. Left Side of building		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
4. Right Side of building		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
5. Rear of the building		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
<b>Doors, windows, parking area, fencing, and surrounding grounds</b>			
6. Damaged doors or broken windows		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
7. Damaged fence that needs to be repaired		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
8. Signs of vagrants / vandals in the area		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
9. Secured well illuminated parking area		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note:	
10. Homeless population in area		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
11. Good safe neighborhood		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note:	
12. High crime area		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
13. Brush/items that can act as concealment		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note:	
14. Possible contact with aggressive people		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note: No known or expected risk of this.	
15. Other areas of concern		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Notes:	
Notes:			
<b>Third Party Businesses That Can Have Employees at the Business (check mark all that apply)</b>			
16. Contracted Landscaping Services		Contracted Janitorial Services	
Contracted Flower Watering Service		Temp Agency Employees	
Private Car Washing Service		Cleaners Pick Up & Delivery Service	
Contracted Window Cleaning Service		Forklift Repair Technician	
		Other:	
17. Controlled Entry to building at all entrances including side entrances.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Notes:	
Manual key system, doors unlocked on business days/hours and locked at the end of the day			
18. Reception/Front Office area secured; staff protected from possible hostile third party.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Notes: During most business hours reception is staffed.			
19. Effective location and functioning emergency buttons and alarms.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
Fire alarms are tested annually			
20. Effective escape routes from the workplace.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:	
21. Have the reception and front office staff been trained, to push the panic button if they feel threatened and do not feel safe for any reason; to leave using the emergency route or to enter the safe room and lock and secure it.			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:		Reception staff are presented the quick reference emergency guide and emergency procedures.	
22. Is there an effective system and procedures in place to warn others of an actual or potential work-			

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place violence situation or to summon assistance, such as alarms or panic buttons in place. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Notes: Pacifica maintains a text alert system and email groping for employees where information can be sent out timely.			
23. Visitors and Delivery Personnel must sign in at reception.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
24. Are Visitors and Delivery Personnel able to freely roam around within the workplace.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
Notes:			
25. Are Visitors and Delivery Personnel always escorted.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
26. Controlled Access to the elevator.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
27. Controlled Activation of elevator at all floors.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
28. Controlled Access to Stairwell at each floor.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
29. Controlled Access from stairwell to entrance of each floor.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
30. Can all office/room doors on each floor be locked from inside.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes: Majority can
31. Can all restroom doors be locked from inside.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Note:
32. Can all supply room doors be locked from the inside.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Note:
33. Are there secondary locking devices readily available inside of each office and room that can be locked.			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Notes:	
34. Are surveillance camaras strategically located at all entrances/exits.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
35. Are emergency phone numbers strategically placed throughout the work area.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
Notes:			
36. Do employees always communicate in a respectful manner with each other.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
37. Have employees reported <b>threats</b> of physical abuse or verbal abuse by managers, supervisors or other employees.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, provide details & frequency of threats:
38. Have employees reported <b>actual</b> acts of physical abuse or verbal abuse by managers, supervisors or other employees.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, provide details & frequency physical contact:
39. Have there been fist fights in the past.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, provide details of the fight(s) & frequency:
40. Any previous or current intentional acts of property damage, yelling, screaming, cussing, threatening or intimidating coworkers.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, provide details & frequency:

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<b>41.</b> Have there been incidents where a supervisor or another employee made another employee cry or resign their position. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details:			
<b>42.</b> Have there been threatening or hostile situations that may have led to violent acts by persons who are service recipients of our establishment. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, provide details:			
<b>43.</b> Do employees work alone outside on second or third shifts. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes provide details of the work being performed alone outside and frequency of that work:			
<b>44.</b> Have second or third shift employees expressed concerns over their safety while working at night. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, provide details:			
<b>45.</b> Have second or third shift employees reported verbal or physical confrontation with individuals not employed by the company. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, provide details of circumstances of confrontation and frequency:			
<b>46.</b> Have employees been prohibited from confronting violent persons or persons committing a criminal act at the business. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:			
<b>47.</b> Have there been any acts of physical or verbal violence suffered by sales, delivery, or service staff at client business or location. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, have they been instructed to leave as soon as possible, to call law enforcement if appropriate and to report the incident to their supervisor as soon as possible. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Notes:			
<b>48.</b> Have sales, delivery, and service staff been instructed to leave the business or client location as soon as possible if they are being verbally abused or if they do not feel safe for any reason and to report the incident to their supervisor as soon as possible. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Notes: Has never been an issue.			
<b>49.</b> Have sales, delivery, and service staff been instructed to not get out of their vehicles if faced with a road rage incident where the company vehicle is being intentionally damaged while driving for business related purposes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Notes: N/A			
<b>50.</b> Are there procedures for reporting suspicious persons or activities. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:			
<b>51.</b> Are there procedures for employee response during a robbery or other criminal act, including our policy prohibiting employees, who are not security guards, from confronting violent persons or persons committing a criminal act. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Notes:			

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<i>(Continued from 51) Notes:</i>		
<b>52. Outward facing signs advising that employees do not have access to cash.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes: N/A
<b>53. Security cameras strategically placed to cover the front and rear entrance and front, sides and rear parking areas.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
<b>54. Employees are skilled in safely handling threatening or hostile service recipients (example: security guards). Notes:</b> These matters should be forwarded to the Safety Dept that are.		
<b>55. How well do management and employees communicate with each other.</b>	Notes: Very well, monthly meetings are held with involvement from all levels of the company.	
<b>56. Do employees have access to a telephone with an outside line?</b>	Notes: Yes	
<b>57. Do employees have effective escape routes from the workplace?</b>	Notes: Yes	
<b>58. Do employees have a designated safe area where they can go in an emergency?</b>	Notes: Yes	
<b>59. Are the workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems adequate.</b>	Notes: Yes	
<b>60. Past verbal confrontation with third party delivery drivers.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
<b>61. Past physical confrontation with third party delivery drivers.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
<b>62. Issues with high crime or violence rates in neighborhood or gangs.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Notes:
<b>63. Issues with roaming wild, stray, or domestic animals in the area.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Notes:
There have been a number of wildlife sightings on campus, but have never had an incident reported.		
Other issues specific to our establishment that need to be incorporated into a checklist:		