

New York State
Unified Court System

Workplace
Safety
Assessment

WORKPLACE SAFETY ASSESSMENT

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NEW YORK STATE UNIFIED COURT SYSTEM
 DIVISION OF HUMAN RESOURCES
 WORK-SAFE OFFICE

WORKPLACE SAFETY ASSESSMENT FORM

COURTHOUSE/FACILITY INFORMATION		
Date of Assessment	Courthouse/Facility	County
Courthouse/Facility Address		
Building Occupancy (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Unified Court System (only) <input type="checkbox"/> Shared with Other Organizations <input type="checkbox"/> Single Story <input type="checkbox"/> Two Floors <input type="checkbox"/> Three Floor <input type="checkbox"/> Four or More Floors 		Hours of Operation Days: Hours:
Total Number of Employees	Total Number of Uniformed Employees	
Names of Participants Present at Assessment		
Name	Title	Agency/Union
Completed by: (Name and Title)		
Signature:		
Date:		

WORKPLACE SAFETY TRAINING PROTOCOLS

Training

1. Are required Workplace Notices conspicuously posted?	<input type="checkbox"/> NO	<input type="checkbox"/> YES			
2. Did employees receive mandatory training in the following:	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES			
Workplace Violence Prevention Exposure Control Right-to-Know Emergency Response Protocol Fire Safety Procedures					
3. Who maintains training records?					
	Workplace Violence Prevention	Exposure Control	Right-to-Know	Emergency Response Protocol	Fire Safety Procedures
Name					
Title					
Phone Number					
Email					
4. Have employees been notified that they can file a report when there may be a workplace safety concern?			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Emergency Response Protocol					
5. Protocols are in place for (check all that apply):					
<input type="checkbox"/> Active Shooter <input type="checkbox"/> Hazardous Substances (Biohazards/Chemicals) <input type="checkbox"/> Building Evacuation / Shelter-in-Place <input type="checkbox"/> Medical Emergencies <input type="checkbox"/> Other, please specify:					
6. Is employee emergency contact information updated and maintained?			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
7. Are there procedures in place to account for employees in the event of an emergency?			<input type="checkbox"/> NO	<input type="checkbox"/> YES	

ENVIRONMENTAL AND PHYSICAL HAZARDS		
Equipment Safety and Personal Protective Equipment (PPE)		
8. Are employees trained to work with assigned equipment (e.g., x-ray equipment, lab equipment, mail-room equipment)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
9. Is equipment routinely inspected and maintained to meet manufacturers' standards?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
10. Are employees provided with proper personal protective equipment (PPE) (e.g., goggles, protective gloves, hearing protection)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
11. Are first aid kits available to employees?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Hazardous Materials: Biohazards, Chemical and Other Environmental Hazards		
12. Is there a protocol for reporting building safety concerns (e.g., building repair issues, tripping hazards, electrical hazards, lighting, flooding)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
13. Are there protocols related to accidental exposure to chemicals, environmental and/or biohazards?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
14. Are employees informed of protocols related to accidental exposure to chemicals or other environmental and/or biohazards?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
15. Are employees notified when building maintenance will be performed which may present an exposure to chemical or other environmental hazards?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
BUILDING SAFETY		
FIRE SAFETY		
16. Does the courthouse/facility have a Fire Command Station?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
17. Are there fire extinguishers available on each floor?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
18. If required, is there an on-site fire safety director?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
19. Are there trained fire wardens on each floor?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
20. Are there notices on each floor identifying the fire warden?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
21. Are there audible and visible fire alarms located on each floor?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
22. Is the fire alarm safety system regularly tested and maintained?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
23. Are fire exits and evacuation routes clearly marked?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
24. If required, is there a public address system?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
MECHANICAL AND STRUCTURAL SAFETY		
25. Is there a telephone or call box in the elevator to summon assistance?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
26. Is the inspection schedule displayed in elevators or is there a posted notice indicating the exact location where it can be viewed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
27. Date of last elevator inspection:		
28. Are the following building systems routinely inspected and maintained?		
HVAC System	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Boiler	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Electrical System	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Building Management System	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Communications and Fiber Optics	<input type="checkbox"/> NO	<input type="checkbox"/> YES
29. Does the courthouse/facility have an emergency generator and/or Uninterrupted Power Supply (UPS) System?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
30. Are the electrical, servers and computer closets adequately secured?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

SECURITY: COURTHOUSE/FACILITY AND GROUNDS				
BUILDING SECURITY (INTERIOR)				
31. Are all courthouse/facility entrances and exits monitored by uniformed security personnel?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
32. Are magnetometers utilized at this facility?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
33. What areas of the courthouse/facility utilize security surveillance? (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Courtrooms <input type="checkbox"/> Ground Floor/Lobby Area <input type="checkbox"/> Offices/Chambers <input type="checkbox"/> Hallways </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Entrances and Exits <input type="checkbox"/> Windows <input type="checkbox"/> Basement <input type="checkbox"/> Public Counters </td> </tr> </table>			<input type="checkbox"/> Courtrooms <input type="checkbox"/> Ground Floor/Lobby Area <input type="checkbox"/> Offices/Chambers <input type="checkbox"/> Hallways	<input type="checkbox"/> Entrances and Exits <input type="checkbox"/> Windows <input type="checkbox"/> Basement <input type="checkbox"/> Public Counters
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34. Are there physical barriers between employees and the public (public counter)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
35. Are there silent duress alarms in the courtrooms?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
36. How often are courtroom security sweeps conducted?				
Firearms Storage:	Uniformed Personnel	Visitors		
37. Is there a designated location for the storage of firearms?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES		
38. Are the firearms stored in a secure and restricted area?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES		
39. Are there procedures to address mail tampering or suspicious packages?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
BUILDING AND GROUNDS SECURITY (EXTERIOR)				
40. Is the perimeter of the courthouse/facility defined by a fence, wall, bollards, planters or other barrier?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
41. What exterior areas of the courthouse/facility utilize security surveillance? (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Roof <input type="checkbox"/> Garage/Parking Areas <input type="checkbox"/> Loading Docks/Delivery Entrances <input type="checkbox"/> Building Facade </td> <td style="width: 50%;"></td> </tr> </table>			<input type="checkbox"/> Roof <input type="checkbox"/> Garage/Parking Areas <input type="checkbox"/> Loading Docks/Delivery Entrances <input type="checkbox"/> Building Facade	
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42. How often are perimeter security sweeps conducted?				
43. Does the building have outside security lighting (e.g., parking, pathways, perimeter, entrances and exits)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
44. Are exterior windows tempered or laminated?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
WORKPLACE SAFETY				
45. Are there any other concerns that should be addressed to promote a safer more secure workplace? Describe and Include with the Workplace Safety Assessment Action Plan.	<input type="checkbox"/> NO	<input type="checkbox"/> YES		