

SAFETY AWARENESS SURVEY



Name (Optional) _____

Department _____

Shift _____

Position _____

This survey is intended to determine your knowledge of the safety program at the extent of your safety activities, and identify program deficiencies so that appropriate measures can be taken to improve the accident record. Please answer each question to the best of your knowledge by circling the appropriate answer or writing your answer in the space provided.

Please circle your response

- | | | | |
|---|-----|----|--------|
| 1. Does our company have a safety policy? | YES | NO | UNSURE |
| 2. Is safety a top priority at the company? | YES | NO | UNSURE |
| 3. Is safety a top priority in your department? | YES | NO | UNSURE |
| 4. Do we have an orientation process that includes safety/accident prevention? | YES | NO | UNSURE |
| 5. Are you ever involved in safety meetings? | YES | NO | UNSURE |
| 6. Is there a procedure for reporting unsafe conditions? | YES | NO | UNSURE |
| 7. Are your requests regarding the correction of unsafe conditions acted on promptly? | YES | NO | UNSURE |
| 8. Is there a good relationship between supervisors and employees? | YES | NO | UNSURE |
| 9. Is management committed to safety/accident prevention? | YES | NO | UNSURE |
| 10. Does management actively demonstrate their commitment? | YES | NO | UNSURE |
| 11. Is safety in your department the responsibility of your supervisor? | YES | NO | UNSURE |
| 12. Do you enjoy your job? | YES | NO | UNSURE |
| 13. Is it permissible to disregard safety rules to get the job done? | YES | NO | UNSURE |
| 14. Do situations regularly occur where safety rules must be violated to get the work done? | YES | NO | UNSURE |
| 15. Do we have a Safety Committee? | YES | NO | UNSURE |
| 16. Do supervisors recognize employees for a job well done? | YES | NO | UNSURE |

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17. Do new employees receive adequate safety training?	YES	NO	UNSURE
18. Is our company a safe place to work?	YES	NO	UNSURE
19. Do you communicate your concerns to co-workers if you see them working unsafely?	YES	NO	UNSURE
20. Have you been given enough training and information to do your job safely?	YES	NO	UNSURE
21. Good housekeeping is important for a safe workplace?	YES	NO	UNSURE
22. Is the Safety Committee effective in upgrading safety at ?	YES	NO	UNSURE
23. Are all accidents in your department investigated?	YES	NO	UNSURE
24. Does management care about the employees of ?	YES	NO	UNSURE
25. Should disciplinary action be taken to enforce safety rules?	YES	NO	UNSURE
26. Is it possible to achieve a "Zero Accident Culture®" at ?	YES	NO	UNSURE

Please comment or give us any recommendation or concern that you feel could improve safety at our facility.

Which of the following do you feel would be the most beneficial to improving the loss prevention / safety program? Check all that apply.

<input checked="" type="checkbox"/>	Suggestions
<input type="checkbox"/>	Safety literature
<input type="checkbox"/>	Safety videos
<input type="checkbox"/>	Safety training
<input type="checkbox"/>	Demonstrations
<input type="checkbox"/>	Incentives
<input type="checkbox"/>	Safety talks
<input type="checkbox"/>	More employee involvement, such as:
<input type="checkbox"/>	All of the above
<input type="checkbox"/>	Other Suggestions:

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PLEASE REMOVE THIS SECTION OF THE SURVEY, EVEN IF YOU DO NOT WANT TO VOLUNTEER FOR THE SAFETY COMMITTEE.

Yes! I am interested in becoming a member of the Safety Committee to help ensure that employees work in a safe and injury-free environment. If selected as a member, I am willing to meet for 30 to 45 minutes every two weeks and will remain on the Committee for one (1) year with the option of re-election.

PRINT NAME: _____

POSITION: _____

DEPT: _____

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