

Safety & Loss Control Opinion Survey
Operational Employees

This questionnaire can be used to obtain an impression about the way people participate in – and feel about – the safety activities of the organization.

Questions have been developed at three organizational levels: (1) senior and middle management, (2) direct supervision and (3) operational employees. To a large extent questions are the same going from one group to the other.

I have used these questionnaires in conjunction with audits that I used to do with the International Safety Rating System. The surveys done with these questionnaires were done prior to visiting the location to audit and that way I already had quite a bit of information before going to the actual site.

By comparing the responses from the three groups an impression can be obtained about the way the safety program is working in your organization. If all works well then there should only be minor differences between the three levels. If differences are substantial then the conclusion may be that the safety activities are not properly identified, communicated and/or carried out.

If differences between organizational groups are substantial, you may wish to carry out a safety audit to further identify strength and weaknesses. Other activities may include a 16-step rating to identify weaknesses in the overall process to obtain (safety) results

These overall results of these opinion surveys will probably run parallel to the results of the Loss control Maturity Profile evaluation which is better suited for classroom activities. The opinion surveys will provide more detailed information about the way several main safety program activities run in the organization.

1. How often do you hear reference to the safety policy/program/guidelines of your organization?
 - a. weekly
 - b. monthly
 - c. annually
 - d. never

2. Have your safety responsibilities been clearly defined?
 - a. yes
 - b. no

3. How often do you participate in meetings with safety as a main point on the agenda:
 - a. with your immediate supervisor?
 - a. weekly
 - b. monthly
 - c. once per quarter
 - d. annually
 - e. never
 - b. with one of your supervisor's bosses?
 - f. weekly
 - g. monthly
 - h. once per quarter
 - i. annually
 - j. never

4. How often do you participate in planned inspections in your department?
 - a. weekly
 - b. monthly
 - c. once per quarter
 - d. annually
 - e. never

5. To what extent are your safety activities part of your (annual) appraisal?
 - a. none
 - b. 0 – 10 %
 - c. 11 – 20 %
 - e. more than 20 %
 - f. don't know

6. In which specific safety activities do you participate? (These are activities that are not part of your normal job.)
 - a. none
 - b. specific activities are:

7. What is your opinion about the way the following people in your organization feel about safety:

	Not Important			Very important		
a. operational employees	0	2	4	6	8	10
b. supervision	0	2	4	6	8	10
c. middle and senior management	0	2	4	6	8	10

		Non existent				Excellent	
8.	How do you feel about the quality of the safety program of your organization?	0	2	4	6	8	10
9.a.	Do you know that you can interrupt or refuse work in case of hazardous conditions ?	a.	yes				
		b.	no				
9.b.	If “yes”, do you know the work interruption/refusal procedure ?	a.	yes				
		b.	no				
10.	What do you feel are the main causes of accidents that have occurred in your department or organization?	Not Important				Very important	
	a. unsafe acts of operational employees	0	2	4	6	8	10
	b. unsafe conditions of materials, equipment or work environment	0	2	4	6	8	10
	c. inadequate or insufficient training/instruction	0	2	4	6	8	10
	d. improper man – machine relation	0	2	4	6	8	10
	e. fatigue – monotonous work – stress	0	2	4	6	8	10
	f. use of alcohol, drugs, medication	0	2	4	6	8	10
	g. improper design of tools/equipment	0	2	4	6	8	10
	h. inadequate maintenance	0	2	4	6	8	10
	i. purchasing of unsafe tools, equipment etc.	0	2	4	6	8	10
	j. inadequate supervisory quality	0	2	4	6	8	10
	k. lack of management interest	0	2	4	6	8	10
	l. inadequate communication	0	2	4	6	8	10
	m. improper motivation of operational personnel	0	2	4	6	8	10
	n. improper motivation of direct supervision	0	2	4	6	8	10
	o. improper motivation of middle/senior management	0	2	4	6	8	10
	p. insufficient quality of safety department	0	2	4	6	8	10
	q. insufficient/improper safety rules/guidelines	0	2	4	6	8	10
	r. inadequate machine guarding	0	2	4	6	8	10
	s. improper machine controls	0	2	4	6	8	10
		Inadequate				Excellent	
11.	How do you rate the safety training that you received when you joined the organization?	0	2	4	6	8	10
12.a.	How long ago did you receive the last safety training?	a.	last quarter				
		b.	last year				
		c.	2-3 years ago				
		d.	> 3 year ago				
		Inadequate				Excellent	
12.b.	How do you rate the quality of that training?	0	2	4	6	8	10

- 13.a. Do you know that you have to report unsafe conditions? a. yes
b. no
- 13.b. If “yes” do you know how to do that? a. yes
b. no
- 14.a. When you report an unsafe condition, is your opinion sought about what can be done to correct the situation? a. yes
b. no
- 14.b. Do you get feedback about what has been done about the situation? a. yes
b. no
15. When was the last time you saw one of your supervisor’s bosses participate in a safety inspection in your department? a. last month
b. last quarter
c. last year
d. never
16. When was the last time you reported an unsafe condition to your direct supervisor? a. last month
b. last quarter
c. last year
d. don’t do this
e. don’t know

					Not				Very
					important				important
17.	How do you think your supervisor feels about safety aspects of your work?	0	2	4	6	8	10		

18. Do you participate in emergency plan exercises? a. yes
b. no
- If “yes”, when was the last time this happened? a. last month
b. last quarter
c. last year
d. don’t know
e. does not happen
19. When was the last time your direct supervisor discussed safety rules with you? a. last month
b. last quarter
c. last year
d. never
e. don’t know

		Inadequate				Excellent	
20.	How do you rate the use of personal protective equipment (PPE) by:	0	2	4	6	8	10
	a. operational personnel?	0	2	4	6	8	10
	b. supervision?	0	2	4	6	8	10
	c. middle/senior management?	0	2	4	6	8	10
	d. contractors?	0	2	4	6	8	10
21.	Did you receive safety training when you joined your organization?						
	a. yes						
	b. no						
22.	Do you work with chemicals or materials used that represent a health hazard?						
	a. yes						
	b. no						
	c. don't know						
23.	How often do you receive safety/health information concerning materials/chemicals with which you work?						
	a. monthly						
	b. once per quarter						
	c. annually						
	d. never						
	e. not applicable						
24.	Do you regularly read magazines concerning safety/health issues?						
	a. yes						
	b. no						
	If "yes" which magazines do you read?						
25.a.	Do you periodically undergo medical tests because of your work?						
	a. yes						
	b. no						
25.b.	If "yes" how long ago was the last test?						
	a. 6 months						
	b. one year						
	c. two years						
	d. five years						
	e. more than 5 years						

26. Did you receive information about the results of your last medical test?
 a. yes
 b. no
 c. not applicable

27.a. Have you received first aid training?
 a. yes
 b. no

27.b. Do you have a valid First Aid diploma?
 a. yes
 b. no

28. Have you received instruction concerning the use of personal protective equipment?
 a. yes
 b. no

29. How important do you find the use of personal protective equipment?
 Not Important 0 2 4 6 8 10 Very important

30. What was the subject of the last safety campaign in your organization?
 a. no campaigns
 b. don't know
 c. the subject was:

31. Do you regularly receive a newsletter of company magazine containing safety subjects?
 a. yes
 b. no

32. Which percentage of "near-miss accidents" do you think are reported in your department or unit?
 None 0 2 4 6 8 10 All

33. Do you think it is important that accidents are investigated?
 a. yes
 b. no

If "yes", how important is it for you to know how they are investigated?
 Not Important 0 2 4 6 8 10 Very important

		Not Important					Very important
33.a.	How important is it for you to know the results of accident investigation:	0	2	4	6	8	10
34.	Do you feel it is important that safety inspections are carried out:						
		Not Important					Very important
34.a.	How important is it for you to know the results of safety inspections:	0	2	4	6	8	10
35.	Should work procedures only relate to safety aspects or should they include all possible problems that may occur during the execution of work?						
36.	How much on-the-job training of operational personnel is provided by:	None					All
	a. experienced colleagues?	0	2	4	6	8	10
	b. direct supervision?	0	2	4	6	8	10
	c. training staff personnel?	0	2	4	6	8	10
37.	Concerning experienced colleagues who provide on-the-job training, to what extent do they:	None				Best	Don't Know
	a. make use of task procedures/work instructions?	0	2	4	6	8	10
	b. make use of effective instruction techniques?	0	2	4	6	8	10
	c. motivate people to learn?	0	2	4	6	8	10
	d. observe the execution of the work and coach for improvement?	0	2	4	6	8	10
	e. Provide tips to do the work safer, better or easier?	0	2	4	6	8	10

38.	Concerning direct supervision who provide on-the-job training, to what extent do they:	None				Best	Don't Know
	f. make use of task procedures/work instructions?	0	2	4	6	8	10 X
	g. make use of effective instruction techniques?	0	2	4	6	8	10 X
	h. motivate people to learn?	0	2	4	6	8	10 X
	i. observe the execution of the work and coach for improvement?	0	2	4	6	8	10 X
	j. Provide tips to do the work safer, better or easier?	0	2	4	6	8	10 X
39.	In your department or unit, how is the compliance with:	none					Excellent
	a. safety rules/guidelines?	0	2	4	6	8	10
	b. personal protective equipment rules?	0	2	4	6	8	10
	c. safe work procedures?	0	2	4	6	8	10
		Not				Very	Don't Know
40.	How important, do you think, your supervisor finds the compliance with safety rules and instructions?	0	2	4	6	8	10 X
41.	How often does your supervisor commend someone for complying with safety rules?						a. daily b. weekly c. monthly d. annually e. never
42.	Who do you think is responsible to see that safety rules are being followed?						a. top management b. safety coordinator c. direct supervisor d. department head e. employee
43.	Are you being encouraged to work safely?						a. yes b. no
43.a.	If "yes", how:						

44.	In relation to your work, how well do you rate your safety knowledge with regard to:	None				Very good	Not Appl	
	a. lifting and materials handling	0	2	4	6	8	10	X
	b. storage of goods	0	2	4	6	8	10	X
	c. hoisting	0	2	4	6	8	10	X
	d. elevators for personnel and materials	0	2	4	6	8	10	X
	e. conveyors	0	2	4	6	8	10	X
	f. slings, cables, chains	0	2	4	6	8	10	X
	g. machine guarding	0	2	4	6	8	10	X
	h. welding, cutting, grinding	0	2	4	6	8	10	X
	i. power hand tools	0	2	4	6	8	10	X
	j. electrical hazards	0	2	4	6	8	10	X
	k. flammable liquids	0	2	4	6	8	10	X
	l. fire prevention	0	2	4	6	8	10	X
	m. toxic/hazardous chemicals	0	2	4	6	8	10	X
	n. ladders	0	2	4	6	8	10	X
	o. radio-active radiation	0	2	4	6	8	10	X
	p. personal protection equipment	0	2	4	6	8	10	X
	q. personal dosimeters (to measure individual exposure to hazardous environmental conditions)	0	2	4	6	8	10	X
	r. material safety data sheets	0	2	4	6	8	10	X
	s. lock out / tag out / zero energy procedures	0	2	4	6	8	10	X
	t. working in confined space	0	2	4	6	8	10	X
	u. emergency shut down procedure	0	2	4	6	8	10	X
	v. electrical isolation procedure	0	2	4	6	8	10	X
	w. line breaking procedure	0	2	4	6	8	10	X
	x. emergency / evacuation procedures	0	2	4	6	8	10	X

		Not					Excellent	
45.	To what extent are operational employees involved in safety meetings that take place in your department?	0	2	4	6	8	10	
46.	How often do you hear or see information about off-the-job safety?							
	a. weekly							
	b. monthly							
	c. once per quarter							
	d. annually							
	e. never							
46.a.	Would you like to receive information concerning off-the-job safety?							
	a. yes							
	b. no							
		None				All	Don't know	
47.	How well do operational personnel report damages to tools, machines, equipment, buildings, etc.?	0	2	4	6	8	10	X
48.	If the answer to question 47 is less than 6, what then are the two most important reasons why the reporting is not better?							

49. When was the last time that you carried out a critical task* and while observed by your supervisor?
- * A “critical” task is a task with increased or specific risks.
- one month ago
 - one quarter ago
 - one year ago
 - does not happen
 - don't know
50. How long ago were safety rules discussed with you?
- one week ago
 - one month ago
 - one quarter ago
 - one year ago
 - does not happen
 - don't know
51. Do you get any reward or recognition for working safely?
- If “yes”, how?
- yes
 - no
52. Do you always work according to applicable safety rules?
- If “no”, why not?
- yes
 - no
53. Have the safety and health risks of your work been assessed?
- If “yes” by whom?
- yes
 - no
 - don't know
- don't know
 - by:
54. How long ago was the last time that your supervisor instructed you about the execution of one of your tasks?
- one week ago
 - one month ago
 - one quarter ago
 - does not happen
 - don't know
55. Did you receive instruction or training that can help you explaining safety matters to people outside your work?
- yes
 - no
56. How often do you discuss safety matters with people outside your work environment?
- weekly
 - monthly
 - once per quarter
 - once per year
 - never
 -

- | | | Not Important | | | | Very important | |
|-----|---|---------------|---|---|---|----------------|----|
| | | 0 | 2 | 4 | 6 | 8 | 10 |
| 57. | How important do you think safety meetings are? | 0 | 2 | 4 | 6 | 8 | 10 |
| 58. | How do you rate the safety promotion activities in your organization? | none | | | | Excellent | |
| | Through posters | 0 | 2 | 4 | 6 | 8 | 10 |
| | Through competition / quizzes etc.? | 0 | 2 | 4 | 6 | 8 | 10 |
| 59. | What are the three strongest points of the safety program of your organization? | | | | | | |
| 60. | What are the three weakest points of the safety program of your organization? | | | | | | |
| 61. | What are the most important things that you do to improve safety? | | | | | | |
| 62. | What can be done to better involve operational personnel in safety improvement? | | | | | | |
| 63. | What can be done to better involve management and supervision in safety improvement? | | | | | | |
| 64. | How is your work in relation to safety measured and evaluated? | | | | | | |
| | a. This does not happen | | | | | | |
| 69. | Do you have any further comments to make subject the safety efforts of your organization? | | | | | | |
| | a. No further comments | | | | | | |