

# SAFETY CULTURE SURVEY

## (EMPLOYEE)

Our city is conducting a review of its Workplace Safety practices, policies, and processes. In order to obtain as much information as possible to achieve its objectives, you have been selected to answer questions on these issues. This survey should take approximately 15-30 minutes to complete. Your responses as well as any comments you make are **STRICTLY CONFIDENTIAL** ( please do not include your name on this survey or answer sheet).

There are no right or wrong answers -- only honest responses based on your actual workplace experiences or understanding. 20% of all employees will be surveyed.

### INSTRUCTIONS

1. **Mark all responses clearly.**
2. Do not put your name anywhere on the answer sheet, However please mark if you are an employee or a contractor
3. Fill in the circle that best reflects your opinion with each statement.

0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	Don't Know No Opinion
1	2	3	4	5	N.A.

4. Begin with #1 on the answer sheet and make sure your responses correspond with the appropriate question number.
5. Your opinions are valuable to us; you are encouraged to provide written comments regarding Workplace Safety in the comments section. You can also use the back of sheet if required.

***THANK YOU IN ADVANCE FOR YOUR PARTICIPATION***



# EMPLOYEE SURVEY

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0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	Don't Know No Opinion
1	2	3	4	5	N.A.

1. My Management emphasizes safety equal to or greater than production and quality.
2. My Management is committed to providing a safe workplace for its employees.
3. Unsafe working conditions are identified and improved promptly.
4. Unsafe employee behaviors are identified and resolved promptly.
5. My immediate supervisor acknowledges me when I work safely.
6. My immediate supervisor will immediately talk to me if I'm not working safely.
7. I am comfortable talking to my supervisor about safety issues.
8. I am encouraged to participate in identifying hazards in my job and reduce or eliminate them.
9. Adequate equipment and tools to perform my job safely are available.
10. My department's safety goals and current performance are communicated to me on a regular basis.
11. The primary purpose of an accident investigation is fact finding, not fault finding.
12. My supervisor is genuinely concerned about my personal safety and discusses safety with me at least once a month.
13. Do you agree with the statement: I am not asked\_ to jeopardize my safety for production demands.
14. Given the current conditions I am confident a serious injury or fatality is not likely to occur on site.
15. I would immediately intervene if I saw an unsafe act or condition that could cause an incident.

## ANSWER SHEET (EE)

0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	Don't Know No Opinion
1	2	3	4	5	N.A.

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| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**I'm:**

- An employee
- A contractor employee

**COMMENTS:** \_\_\_\_\_

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