
HEALTH AND SAFETY SURVEY

The union is distributing this questionnaire to learn more about health and safety conditions in the workplace. With your help, we may be able to win health and safety improvements in the next contract. Try to answer each question as completely as possible.

Name (*optional*) _____

Work Location and Department _____

Job Title _____ Years at This Job _____

1. Have you ever been injured at work? YES NO

If yes, please describe:

2. Have you ever had an illness that seemed related to your job? YES NO

If yes, please describe any symptoms you have had (for example, coughing, back pain, wrist pain, dizziness, etc.):

If yes, please describe how the symptoms seemed related to your job:

3. Do you work with chemicals? YES NO

If yes, chemical names:

4. Have you ever been trained about toxic chemicals and other hazards in this workplace? YES NO

- 5.** Do you use personal protective equipment (PPE), like a respirator, hard hat, or gloves? **YES** **NO**

If yes, please list:

- 6.** If you use PPE, do you always receive the right equipment and is it in good condition? **YES** **NO**

If no, please describe:

- 7.** Has OSHA ever conducted an inspection of your workplace? **YES** **NO**
 Don't Know

If yes, please describe:

- 8.** Please describe any areas or conditions in your workplace that you consider hazardous.

- 9.** What do you think is the most important health and safety improvement needed in this workplace?

- 10.** Do you know of any coming workplace changes that might affect worker health and safety? What changes do you expect, and what problems might they cause?