

Safety and Health Practices Survey

Cover letter to questionnaire

Thank you for participating in the Occupational Safety and Health Administration's survey of workplace safety and health practices. OSHA needs your help to gain a better understanding of current safety and health practices in the workplace. Eastern Research Group (ERG) is a private company conducting the survey under contract to OSHA.

The survey is CONFIDENTIAL, and your participation is voluntary--not required by law. Under ERG's agreement with OSHA, no individual or company will be identified to OSHA, nor will ERG provide any information to OSHA that will enable identification of any individual or company. For more detail on how we are ensuring the confidentiality of your responses, you can see the "Privacy and Security Statement" on the survey page on our website (www.erg.com.XXXX)

Your participation in this survey is important. OSHA will use the data from this survey as it considers a new regulation for workplace safety and health programs. Your participation will enable you to have your voice heard and your experience considered as OSHA approaches new regulations.

How did we find you? Your workplace was randomly selected from a publicly available database of business establishments in the United States, based on your industry and the number of employees at the establishment.

The quickest and easiest way to complete the survey is via our website at www.erg.com.YYYY, but we are also providing you with a paper copy and return envelope with postage if you prefer. Your pass code for accessing the web-based survey is: . Your pass code is unique to you. You can begin the survey and stop and save your results to finish later.

The aggregated results of the survey will be made available on the OSHA web site as well as on the original ERG survey web site once the results have been collected, compiled, and tabulated. No information about your individual establishment will be released to OSHA or to the public.

The survey has been written to collect information from employers across all sectors of the economy. The questions have been structured so respondents will skip over questions that are unnecessary. So you will not be asked to provide an answer to every numbered question.

We are required by the Paperwork Reduction Act to inform you that the public reporting burden for this collection of information is estimated to average, at most, about 30 minutes per completed survey, including the time for reviewing instructions, collecting any information about your organization that you do not have personal knowledge of, and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to: U.S. Department of Labor, Occupational Safety and Health Administration, Directorate of Policy, Office of Regulatory Analysis, Room N-3641, 200 Constitution Avenue, N.W., Washington, DC 20210 and reference the OMB control number.

Baseline Survey of Safety and Health Practices
Questions Only
July 22, 2010

Profile of Respondent Establishment

1. First of all, our records show that the main line of business at your establishment is _____ . Is that correct?
- _____ Yes [Go to Q 4]
_____ No [Go to Q 2]
_____ Don't Know (DK) [Go to Q 4]
2. Please describe your establishment's main line of business, i.e., what products or services your establishment makes or provides?
- _____

3. Which of the following industrial sectors best corresponds to your business?

_____ Construction
_____ Manufacturing
_____ Oil and gas exploration and production
_____ Landscaping, forestry or fishing
_____ Transportation or utilities
_____ Wholesale or retail trade
_____ Finance and services
_____ Health
_____ Other

[The answer to Q 3 will direct the respondents to the right set of questions in case their assigned sector is incorrect]

4. How many people in total are on the payroll at your location at *[respondent address]*? Please include all employees on all shifts, and employees who work offsite but report to this establishment. Please do NOT include employees on contract or subcontract, or employees hired from temporary agencies.

_____ number of employees [if the answer is 1, go to Q6; otherwise, if Construction sector, go to Q7; all others, go to Q 8]
_____ DK [go to Q 5]

5. Is the number of employees at your location between...?

_____ 1 to 10 employees
_____ 11 to 49 employees
_____ 50 to 100 employees
_____ 101 to 249 employees
_____ 250 to 500 employees
_____ more than 500 employees
_____ DK

6. Is this employee working as the sole owner of a sole proprietorship or as partner in a partnership?

☐ Yes [Go to END]
☐ No
☐ DK

Construction Respondents only, continue with next Q 7, all others go to Q 8.

7. Can you tell me how many people at your location work in the office and are not construction or jobsite workers? Do not include employees on contract or subcontract, or employees hired from temporary agencies.

Office workers

☐ None
☐ 1% to 10%
☐ 11% to 25%
☐ 26% to 50%
☐ 51% to 75%
☐ More than 75%

Construction Respondents, go to Q 9.

8. Of the employees at this location, how many perform only managerial and administrative (white collar) work?

☐ None
☐ 1% to 25%
☐ 26% to 50%
☐ 51% to 75%
☐ More than 75%

9. Does the owner of this establishment have other establishments?

☐ Yes [go to Q 10]
☐ No [go to Q 11]
☐ DK [go to Q 11]

10. How many people does the owner employ at all these establishments? (If you aren't sure, please estimate.)

☐ 1 to 10
☐ 11 to 49
☐ 50 to 100
☐ 101-249
☐ 250 to 500
☐ more than 500
☐ DK

Managing Safety and Health (All respondents)

11. Now we would like to find out about safety and health practices at your establishment.

Please check all below that apply:

- ☐ Employee safety is mainly provided by initial and annual training.
- ☐ New hires work with experienced employees who train them in safe practices.
- ☐ Our employees perform administrative (white collar) and managerial work; we don't really provide safety and health training.
- ☐ Supervisors hold regular safety meetings with employees.
- ☐ We have a safety and health committee.
- ☐ We have consultants, safety experts, or industrial hygienists assess our safety and health conditions.
- ☐ Our insurance company helps provide safety and health expertise.
- ☐ None of the above

12. Who is responsible for employee safety and health at your establishment? Please check all that apply:

- ☐ Supervisors (or the owner) have primary responsibility for the safety of employees.
- ☐ We expect employees to be primarily responsible for following safe work procedures.
- ☐ Some managers have special responsibility for safety and health, but they have other responsibilities as well (such as in personnel or production).
- ☐ There are dedicated full time safety and health staff who manage our program.
- ☐ We have a safety and health management system that assigns roles and responsibilities to all employees and management.

The next section asks for some information about the kinds of hazards in your workplace.

13. Below is a list of possible sources of workplace injury. Please read through the list and check off any hazard that is a potential safety issue at your workplace or has been addressed through your safety and health rules or policies. Please check all that apply:

- ☐ Use of, or malfunction of, equipment or machines
- ☐ Falls from elevation
- ☐ Falls on the same level—trips or slips
- ☐ Exposure to toxic substances, hazardous waste, radioactive substances, or toxic gases
- ☐ Excessive noise
- ☐ Motor vehicle accidents
- ☐ Exposure to extreme heat or cold
- ☐ Exposure to viruses, microbes or other infectious substances
- ☐ Lifting heavy loads
- ☐ Repetitive stress injuries or musculoskeletal disorders

- ☐ Fires or explosions
- ☐ Workplace violence
- ☐ Work in permit-required confined spaces
- ☐ Work with explosives
- ☐ Flying particles or debris
- ☐ Electric shock
- ☐ Lockout/tagout hazards
- ☐ Materials handling hazards
- ☐ Hazardous materials (combustible or flammable liquids or gases)
- ☐ Compressed gases
- ☐ Hazardous waste handling
- ☐ Biological hazards or needlesticks
- ☐ None of the above
- ☐ Other
- ☐ DK

14. At your establishment, does your company perform any exposure monitoring (air sampling) for employee exposure to toxic substances?

- ☐ Yes
- ☐ No
- ☐ DK

15. Has your establishment performed any monitoring for employee exposure to noise?

- ☐ Yes
- ☐ No
- ☐ DK

16. Do you provide safety training for employees at your facility?

- ☐ Yes [Continue]
- ☐ No [go to Q 22]
- ☐ DK [go to Q 22]

17. What is the nature of the safety training at your facility? Please check all that apply.

- ☐ On the job training by a coworker
- ☐ On the job training by a supervisor
- ☐ Regular training in groups
- ☐ Lectures, seminars, or other presentations led by safety personnel
- ☐ Self-directed training via handouts, videos, pamphlets
- ☐ Other _____

18. For the employees at your establishment who get *the most* safety training, how frequent is that training?

- ☐ Once a month?
- ☐ Once a year?
- ☐ More than once a year?
- ☐ Less than once a year?
- ☐ On-the-job as needed?
- ☐ Other

19. On average, about how many hours of safety training per year does each of your employees receive?

_____ hours per year.

20. Do you have initial safety-related training for new employees before assigning them to a job?

- ☐ Yes
- ☐ No
- ☐ DK

21. Do you have safety-related training for current employees before they change job assignments?

- ☐ Yes
- ☐ No
- ☐ DK

S&H Information

22. Below is a list of sources of information about workplace safety and health. At your establishment, how useful is each of the following as a source of information about safety and health?

Please indicate whether each source is Very Useful, Occasionally Useful, or Not Used.

Source of Health and Safety Information	Very Useful	Occasionally Useful	Not Used	DK
Other companies in your industry	☐	☐	☐	☐
Consultants, such as safety experts or industrial hygienists	☐	☐	☐	☐
Industry or trade journals	☐	☐	☐	☐
Industry web sites or web sites for specific hazards or equipment	☐	☐	☐	☐
Professional safety and health journals, publications or web sites	☐	☐	☐	☐
Word of mouth from other safety and health people	☐	☐	☐	☐
OSHA's web site	☐	☐	☐	☐
NIOSH web site	☐	☐	☐	☐
Safety manuals for equipment	☐	☐	☐	☐
Health and safety warnings provided to the employer by equipment manufacturers and chemical suppliers	☐	☐	☐	☐
Material Safety Data Sheets (MSDSs)	☐	☐	☐	☐

Overall Approaches to Managing Safety and Health

23. At your establishment, do you have a system or program for managing employee safety and health?

___ Yes [Continue]
___ No [go to Q 32]
___ DK [go to Q 32]

24. At your establishment, does your company use a safety and health management system (SHMS) based directly on one of the following:

___ ANSI/AIHA Z10-2005 ___ Yes ___ No ___ DK
___ OHSAS 180001:2007 ___ Yes ___ No ___ DK
___ ILO-OSH 2001 ___ Yes ___ No ___ DK

[If Yes to any, go to Q 28]

[If No to all, Continue]

25. At your establishment, does your company's safety and health program include any of the

following elements? Please check all that apply.

- ☐ Management commitment or leadership
- ☐ Employee participation
- ☐ Hazard identification: inspections and job analysis
- ☐ Hazard control
- ☐ Safety and health training of all personnel
- ☐ Accident investigations
- ☐ Evaluation of annual results and of the program itself

26. At your establishment, does your safety and health program follow any of the following standards or guidelines? Please check all that apply.

- ☐ OSHA's 1989 guidelines for safety and health management programs (SHP)
- ☐ A program developed by your company or by an industry group
- ☐ OSHA's Voluntary Protection Program (VPP) guidelines
- ☐ Guidelines from your state Consultation Program (sponsored by OSHA)
- ☐ State regulatory requirements
- ☐ Host employer required program
- ☐ A program recommended by workers' compensation insurer
- ☐ Other

27. How does your company approach correcting hazards? Please check all that apply.

- ☐ Hazards are fixed in response to an accident.
- ☐ When there is a near miss or an event that could result in injury.
- ☐ When work methods or employee training seem inadequate.
- ☐ As the need arises or a hazard comes to our attention.
- ☐ From a review of a production process or work activity.
- ☐ We have a budget for correcting hazards each year, which depends on priorities and the hazards identified.
- ☐ Other
- ☐ DK

28. When was the safety and health management system or program implemented at your establishment?

- ☐ Within the last year
- ☐ Within the last two years
- ☐ More than 2 but less than 5 years ago
- ☐ More than 5 years ago
- ☐ DK

29. Why did your company adopt a safety and health management system or program? Please check all that apply.

- ☐ To comply with a state regulation.
- ☐ To be eligible for a program providing worker's compensation premium reductions.
- ☐ To keep other expenses low (e.g., health insurance, liability)
- ☐ It's required by our host employer
- ☐ To gain public recognition by OSHA, a state OSH agency, an industry group, etc.

- ☐ Needed to integrate into overall management and production
- ☐ To help manage multi-establishment corporation
- ☐ To keep employees safer and healthier
- ☐ Other
- ☐ DK

30. Does your company self-insure for any workers' compensation coverage?

- ☐ Yes
- ☐ No
- ☐ DK

31. Is your safety and health program or management system a written program?

- ☐ Yes
- ☐ No
- ☐ DK

If your safety and health program or management system is a written, comprehensive program, skip to Question 37, otherwise continue with question 32. A comprehensive program would have most, or all, of the elements listed in question 25, for example, or follow the ANSI Z10 consensus standard or one of the other standards mentioned in Question 24.

32. Did your establishment conduct a safety inspection within the past 12 months?

- ☐ Yes
- ☐ No
- ☐ DK

33. Do you investigate injuries at your workplace?

- ☐ Yes [Continue]
- ☐ No [Go to Q36]
- ☐ DK [Go to Q36]

34. Who is involved in conducting these investigations? (Please do **not** check if the involvement is limited to being interviewed or asked for information) Please check all that apply.

- ☐ Manager responsible for safety and health
- ☐ Joint management employee safety and health committee
- ☐ Workers in the area where the incident occurred?
- ☐ Safety Committee with employee participation?
- ☐ Safety Committee without employee participation?
- ☐ Top management
- ☐ Other _____

35. Do you have regular safety meetings, such as when a new job is begun, lunch box meetings, or monthly sessions?

☐ Yes

☐ No

☐ DK

36. Do you review safety and health results or records annually at your establishment? Such a review of safety and health results or records would include, for example, looking at the number and types of injuries and illnesses.

☐ Yes

☐ No

☐ DK

If Construction, Go to Q 42;

All others, Go to Q 39

Safety and Health Practices

37. Below are some worker safety and health strategies that some companies use. For each activity, please indicate whether or not your company does that activity at your workplace.

At your establishment, does your company...

Roles and responsibilities

(a) Designate one individual with authority over the safety and health program?

☐ Yes ☐ No ☐ DK

(b) Assign and communicate safety program-related roles to **all** personnel?

☐ Yes ☐ No ☐ DK

Training

(c) Provide training to personnel in their program-related roles?

☐ Yes ☐ No ☐ DK

(d) Have drills for emergency situations?

☐ Yes ☐ No ☐ DK

Accident Investigation

(e) Investigate accidents, injuries, illnesses, and fatalities?

☐ Yes ☐ No ☐ DK

(f) Involve employees in conducting accident investigation?

☐ Yes ☐ No ☐ DK

(g) Investigate near-misses at your establishment?

☐ Yes ☐ No ☐ DK

Hazard Assessment

- (h) Perform regular workplace hazard inspections once a year at least annually?
___ Yes ___ No ___ DK
- (i) Identify hazards associated with changes in processes or equipment.
___ Yes ___ No ___ DK
- (j) Identify hazards throughout the life of project? [Construction sector only]
___ Yes ___ No ___ DK
- (k) Identify hazards associated with emergency situations?
___ Yes ___ No ___ DK
- (l) Have a system for prioritizing hazards for control based on the likelihood of the incident and severity of the impairment?
___ Yes ___ No ___ DK
- (m) Perform regular job hazard analysis?
___ Yes ___ No ___ DK

Employee involvement

- (n) Have an employee safety and health reporting system with follow-up investigations?
___ Yes ___ No ___ DK
- (o) Have a procedure for addressing hazards reported by employees?
___ Yes ___ No ___ DK
- (p) Have a joint employee and management safety and health committee?
___ Yes ___ No ___ DK
- (q) How often does this employee management safety and health committee meet?
_____ times per year
- (r) Have safety and health meetings (other than training and committee meetings) with employees?
___ Yes ___ No ___ DK

Review

- (s) Perform regular written reviews of your establishment's safety and health performance (e.g., review performance over the past year, evaluation of injury and illness performance on a regular basis, etc.)
___ Yes ___ No ___ DK
- (t) Regularly audit your safety and health system to ensure that your program is working the way it was intended?
___ Yes ___ No ___ DK

If Yes to (e), (g), or (m) or if Yes to Q32 or Q33:

38. Approximately how many hazards did you correct at your facility in the past 12 months through your investigations, assessments, or inspections?

_____ Approximate number of hazards corrected through investigations, assessments, or inspections.

If Construction sector establishment, go to Q 42--- others Continue.**Multi-employer Workplaces (All respondents except Construction)**

Next are some questions about employees at your worksite who may work for other employers. These include temporary employees, contractors to you, and employees of other companies who regularly use your facilities such as janitorial services provided by a landlord or building service.

39. In the past twelve months, have temporary employees, contract employees, or employees of your contractors performed any tasks in your workplace?

☐ Yes [Continue]
☐ No [go to Q 45]
☐ DK [go to Q 45]

40. Regarding the temporary and contract employees who work at your facility, did the tasks they were hired for include any of the following? (Please check all that apply.)

☐ Security service
☐ Equipment or facility maintenance (plumbing, electrical, carpentry, painting, etc.)
☐ Boiler cleaning
☐ Construction
☐ Janitorial services
☐ Office work
☐ Hazardous waste removal
☐ Other specialized cleaning tasks
☐ Other tasks _____
☐ DK

41. In the past 12 months, have you as the host employer, provided one or more of these employees with specific training in the hazards at your facility?

☐ Yes [go to Q 45]
☐ No [go to Q 45]

Multi-employer Workplaces (Construction sector only)

42. In the past twelve months, have subcontractors been used for any jobs at your company's worksites?

☐ Yes [Continue]
☐ No [Go to Q 45]
☐ DK [Go to Q 45]

43. When you're beginning work with a new subcontractor, do you have a procedure for determining whether the subcontractor requires a safety orientation for the job?

☐ Yes
☐ No
☐ DK

44. Do you provide subcontractors with site-specific training about the hazards at your jobsites?

☐ Yes

☐ No

☐ DK

Off-site Employees

45. Does your establishment have employees on the payroll who regularly work off –site, but *not* at their homes?

☐ Yes

☐ No

☐ DK

46. Do off -site employees receive safety and health training from personnel at your establishment, or from the employers where they are working? Please check all that apply? Question OK

☐ From personnel at this establishment

☐ From personnel at work location

☐ Other

☐ No safety and health training received

☐ DK

47. Does your establishment have an established method for off-site employees to report a hazard at their off-site workplace?

☐ Yes

☐ No

☐ DK

48. Approximately what percentage of your employees work off site?

☐ None

☐ 1% to 25%

☐ 26% to 50%

☐ 51% to 75%

☐ More than 75%

49. Where is most of this off site work performed? (Please check all that apply.)

☐ Other employer's establishments

☐ Private residences, other than employees' homes

☐ Privately-owned commercial buildings or facilities

☐ Construction sites

☐ Public locations, such as streets, highways, or parks.

☐ Agricultural settings

☐ Other

END: This completes our survey. Thank you very much for all your time and patience. OSHA is grateful for your participation and willingness to help them understand how workplaces in the US deal with health and safety issues. Goodbye!