

**LOSS PREVENTION / SAFETY SURVEY**



**PURPOSE:** 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.

**INSTRUCTIONS:** Please answer each question to the best of your knowledge by circling the appropriate answer or writing your answer in the space provided.

**DEPARTMENT** \_\_\_\_\_  
**SHIFT** \_\_\_\_\_ **POSITION** \_\_\_\_\_  
**FULL TIME** \_\_\_\_\_ **PART TIME** \_\_\_\_\_

*Please circle your response*

- |   |     |    |        |
|---|-----|----|--------|
| 1. Does _____ have a safety policy?   | YES | NO | UNSURE |
| 2. Is safety a top priority at _____?   | YES | NO | UNSURE |
| 3. Is safety a top priority in your department?   | YES | NO | UNSURE |
| 4. Does _____ 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. Does _____ have a Safety Committee?   | YES | NO | UNSURE |
| 16. Do supervisors recognize employees for a job well done?                                 | YES | NO | UNSURE |
| 17. Do new employees receive adequate safety training?                                      | YES | NO | UNSURE |
| 18. Is _____ 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 employees _____?                                      | 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 <sup>®</sup> " at _____? Why: | YES | NO | UNSURE |

\_\_\_\_\_  
 \_\_\_\_\_  
 Please comment or give us any recommendation or concern that you feel could improve safety at \_\_, Inc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which of the following do you feel would be the most beneficial to improving the loss prevention / safety program?

<input checked="" type="checkbox"/>	Suggestions
	Safety Literature
	Safety Videos
	Safety Training
	Demonstrations
	Incentives
	Safety Talks
	More employee involvement, such as:
	All of the Above
	Other Suggestions:

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**PLEASE REMOVE THIS PAGE FROM 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 - 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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