

The Training Survey, Site 2: – Just a few questions. See the instructor’s guide for advising students on filling out the survey.

HEALTH & SAFETY TRAINING SURVEY - Continued

How many H&S training courses have you attended? 1 2 3 4 5

Please pick one number that best describes you. If question does not apply, please leave it blank. (mark your answer)

| | Never | Once in a while | Often | Most of the time | Always |
|---|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| 1a. At your work site, how likely is it for people to stop work if conditions are unsafe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. In the last year, how likely were you to stop work if conditions were unsafe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 2a. At your work site, do people move from one task to another because of unsafe conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. In the last year, how likely were you to move from one task to another because of unsafe conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 3a. At your work site, how likely is it for workers to report an unsafe condition to the foreman? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. How likely were you in the last year to report an unsafe condition to your foreman? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 4a. At your work site, how likely is it for workers to ask for PPE if they think it is needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. In the last year, how likely was it for you to ask for PPE if you thought it was needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 5a. At your work site, how likely is it for workers to ask to see an MSDS relating to materials they are working with or around? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. In the last year, how likely was it for you to ask to see an MSDS relating to materials you were working with or around? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| 6a. At your work site, how common is it for workers to ask for monitoring of a confined space before entering? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. In the last year, how likely was it for you to ask for monitoring of a confined space before entering? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Do you feel that health and safety training influenced you? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |

CPWR may send you a postcard in about 10 months to ask you a couple of additional questions. When you send the postcard back to us, it won't have any return address or other identifier, other than the post mark. These questions will help us produce data about the value of health and safety training. We hope you will take a few minutes then to answer the questions and drop it in a mail box.

The labor educators and health & safety researchers at CPWR thank you very much for your time and cooperation.