**Workplace Safety Survey**

*Your feedback helps us create a safer work environment. Please take a few minutes to complete this survey honestly. Your responses are confidential.*

**Section 1: General Safety Awareness**

1. Do you feel that workplace safety is a priority in our company?  
   ☐ Yes  
   ☐ No  
   ☐ Somewhat
2. Have you received proper safety training for your job?  
   ☐ Yes, and it was comprehensive  
   ☐ Yes, but it could be improved  
   ☐ No, I have not received safety training
3. How often do you participate in safety meetings or briefings?  
   ☐ Weekly  
   ☐ Monthly  
   ☐ Rarely  
   ☐ Never

**Section 2: Workplace Hazards**

1. Are you aware of any potential hazards in your work area?  
   ☐ Yes  
   ☐ No
2. If yes, what types of hazards have you noticed? (Check all that apply)  
   ☐ Slippery floors  
   ☐ Poor lighting  
   ☐ Faulty machinery  
   ☐ Lack of protective equipment  
   ☐ Chemical exposure  
   ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you reported any hazards to management?  
   ☐ Yes, and they were addressed  
   ☐ Yes, but no action was taken  
   ☐ No, I did not report them

**Section 3: Personal Protective Equipment (PPE)**

1. Do you have access to the necessary PPE for your job?  
   ☐ Yes  
   ☐ No  
   ☐ Sometimes
2. Do you always wear the required PPE while working?  
   ☐ Yes  
   ☐ No, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you been trained on how to properly use PPE?  
   ☐ Yes  
   ☐ No

**Section 4: Emergency Preparedness**

1. Do you know the location of emergency exits in your work area?  
   ☐ Yes  
   ☐ No
2. Have you participated in an emergency drill in the past 6 months?  
   ☐ Yes  
   ☐ No
3. Do you feel prepared to respond to an emergency (fire, injury, chemical spill, etc.)?  
   ☐ Yes  
   ☐ No

**Section 5: Incident Reporting & Safety Culture**

1. Do you feel comfortable reporting safety concerns without fear of retaliation?  
   ☐ Yes  
   ☐ No
2. Have you ever witnessed or been involved in a workplace accident?  
   ☐ Yes  
   ☐ No
3. If yes, was the incident properly reported and addressed?  
   ☐ Yes  
   ☐ No
4. What improvements would you suggest making the workplace safer?

**Thank you for your participation! Your feedback helps improve workplace safety.**