**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 safe in your workplace?

☐ Yes

☐ No

☐ Sometimes

1. Are you aware of the company's safety policies and procedures?

☐ Yes

☐ No

☐ Sometimes

1. Have you received formal safety training?

☐ Yes

☐ No

☐ Not Sure

1. Do you know where to find safety resources (manuals, procedures, etc.)?

☐ Yes

☐ No

**Section 2: Hazard Identification & Reporting**

* 1. 5. Have you noticed any workplace hazards recently?

☐ Yes

☐ No

* 1. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. 6. Do you know how to report safety hazards?

☐ Yes

☐ No

☐ Somewhat

How confident are you that reported hazards are addressed promptly? ( ) Very confident ( ) ☐ Very confident

☐ Somewhat confident

☐ Not confident

**Section 3: Emergency Preparedness**

7. Do you know the emergency evacuation procedures?

☐ Yes

☐ No

☐ Somewhat

8. Have you participated in a workplace emergency drill in the past year?

☐ Yes

☐ No

9. Do you know where emergency exits and first aid stations are located?

☐ Yes

☐ No

**Section 4: Personal Protective Equipment (PPE)**

1. Are you provided with the necessary PPE for your job?

☐ Yes

☐ No

☐ Not applicable

1. Do you use PPE as required?

☐ Always

☐ Sometimes

☐ Never

1. Have you received training on the proper use of PPE?

☐ Yes

☐ No

**Section 5: Employee Feedback**

1. What safety improvements would you like to see in the workplace? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any additional safety concerns or comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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