

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
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Section 2: Workplace Hazards

4. Are you aware of any potential hazards in your work area?
☐ Yes
☐ No
 5. 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: _____
 6. Have you reported any hazards to management?
☐ Yes, and they were addressed
☐ Yes, but no action was taken
☐ No, I did not report them
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Section 3: Personal Protective Equipment (PPE)

7. Do you have access to the necessary PPE for your job?
- ☐ Yes
☐ No
☐ Sometimes
8. Do you always wear the required PPE while working?
- ☐ Yes
☐ No, because: _____
9. Have you been trained on how to properly use PPE?
- ☐ Yes
☐ No
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Section 4: Emergency Preparedness

10. Do you know the location of emergency exits in your work area?
- ☐ Yes
☐ No
11. Have you participated in an emergency drill in the past 6 months?
- ☐ Yes
☐ No
12. Do you feel prepared to respond to an emergency (fire, injury, chemical spill, etc.)?
- ☐ Yes
☐ No
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Section 5: Incident Reporting & Safety Culture

13. Do you feel comfortable reporting safety concerns without fear of retaliation?
- ☐ Yes
☐ No
14. Have you ever witnessed or been involved in a workplace accident?
- ☐ Yes
☐ No
15. If yes, was the incident properly reported and addressed?
- ☐ Yes
☐ No

16. What improvements would you suggest making the workplace safer?

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