

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
 2. Are you aware of the company's safety policies and procedures?
☐ Yes
☐ No
☐ Sometimes
 3. Have you received formal safety training?
☐ Yes
☐ No
☐ Not Sure
 4. Do you know where to find safety resources (manuals, procedures, etc.)?
☐ Yes
☐ No
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Section 2: Hazard Identification & Reporting

5. Have you noticed any workplace hazards recently?
☐ Yes
☐ No
If yes, please describe: _____
 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
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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)

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

☐ Yes

☐ No

☐ Not applicable

11. Do you use PPE as required?

☐ Always

☐ Sometimes

☐ Never

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

☐ Yes

☐ No

Section 5: Employee Feedback

13. What safety improvements would you like to see in the workplace?

14. Do you have any additional safety concerns or comments?

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