Employer Questionnaire
Final Version (J25455) – 10th October 2005

SCREENER
Good morning/afternoon. Can I just check, is that (INSERT ORGANISATION NAME)?

Yes – PROCEED
No – AMEND DETAILS

I would like to speak to the person with overall responsibility for Health and Safety issues at this location. Who in your organisation would that be and what is their job title?

ADD IF NECESSARY: In smaller companies this may be the office manager. In larger companies it may be the facilities manager/HR manager.

ASK TO BE PUT THROUGH TO THAT PERSON, OR GET THEIR DIRECT LINE NUMBER OR ARRANGE A CALL BACK.

TO RELEVANT CONTACT:
S0 Can I just check, are you the best person to talk about Health and Safety issues at this particular workplace?

Yes – PROCEED
No - ASK FOR JOB TITLE OF NEW PERSON AND ASK TO BE PUT THROUGH TO THEM.

INTRODUCTION

I am <NAME> from MORI, an independent research organisation.

We are conducting a major research study on businesses’ views on health and safety issues. The survey is not designed to test compliance with legislation, but to find out how government can support businesses in this important area.

I can assure you that the survey is confidential. MORI is an independent research organisation and no information that can identify you or your company will be passed on to anyone. Any information you provide will be treated in strictest confidence and your answers will only be presented alongside those of a large number of other organisations.

This interview should take around 20 minutes but may be slightly longer or shorter depending on your particular organisation. Would it be convenient to conduct the interview now?

INTERVIEWER NOTE:
· IF RESPONDENT ATTEMPTS TO TRANSFER: We are interested in the activities at this particular location. It is unlikely that anyone else will know about this as well as you do.

· Businesses have been selected at random from the Experien Business Database (this is a commercial database of UK businesses).

ASK ALL
Firstly, I would like to ask you some background information about the organisation at this location.

S1 How many employees - full-time and part-time do you have at this location? Please include all those on the payroll (INCLUDING directors and out-workers such as sales representatives).

TYPE IN EXACT NUMBER AND CATI WILL AUTOMATICALLY CODE – KEEP RAW DATA HERE.

IF RESPONDENT IS UNSURE, PROMPT FOR APPROXIMATE NUMBER OR BEST ESTIMATE IF STILL DON’T KNOW, ASK THE FOLLOWING (and code first which applies): Is it:

1   CLOSE
2-4
5-9
10-24
25-49
50-99
100-199
200-249
250+

S2 According to standard industry classifications, the main product or service at this organisation is… (READ OUT SIC DESCRIPTION HELD ON DATABASE)
Is this correct or not?
Yes
No

ASK IF No at S2

S3 What is the main product or service of this organisation? PROBE AS NECESSARY. IF MORE THAN ONE ACTIVITY, CODE MAIN ACTIVITY. PLEASE ALSO WRITE IN FULLY TO ENABLE LOWER LEVEL CODING LATER ON.

E.g. What is the main activity of this establishment?
What exactly is made or done at this establishment?
What material or machinery does that involve using?

CODE MAIN ACTIVITY AND WRITE IN FULL DESCRIPTION.
IF UNABLE TO CODE AN ACTIVITY, SELECT “DK” AND WRITE IN FULL DESCRIPTION.
REFER TO SHOWCARD
1. 01 - Agriculture, Hunting & related service services
2. 02 - Forestry, Logging & related service activities
3. 05 - Fishing, fish hatcheries & fish farms
4. 10 - Mining of Coal & Lignite; Extraction of peat
5. 11 - Extraction of Crude Petroleum and Natural Gases
6. 12 – Mining of uranium & Thorium ores
7. 13 - Mining of Metal Ores
8. 14 - Other Mining and Quarrying
9. 15 – Manufacture of Food Products & Beverages
10. 16 – Manufacture of Tobacco Products
11. 17 – Manufacture of Textiles
12. 18 – Manufacture of Wearing Apparel/Dressing and Dyeing of fur
13. 19 – Manufacture of Leather and Leather Products
14. 20 – Manufacture of Wood & Wood Products
15. 21 – Manufacture of Pulp and Paper Products
16. 22 - Publishing, Printing and Reproduction of Recorded Media
17. 23 – Manufacture of Coke, Refined Petroleum Products & Nuclear Fuel
18. 24 – Manufacture of Chemical & Chemical Products
19. 25 – Manufacture of Rubber & Plastic Products
20. 26 – Manufacture of Other Non-Metallic Mineral Products
21. 27 – Manufacture of Basic Metals
22. 28 – Manufacture of Fabricated Metal Products (except machineries & equipment)
23. 29 – Manufacture of Machinery and Equipment Not Elsewhere Classified
24. 30 – Manufacture of Office Machinery and Computers
25. 31 – Manufacture of Electrical Machinery Not Elsewhere Classified
26. 32 – Manufacture of Radio, TV and Communication Equipment
27. 33 – Manufacture of Medical and Precision & Optical Instruments, Watches & Clocks
28. 34 – Manufacture of Motor Vehicles & Trailers
29. 35 – Manufacture of Other Transport Equipment
30. 36 - Manufacture of Furniture/Manufacturing elsewhere not classified
31. 37 - Recycling
32. 40 - Electricity, Gas, Steam and Hot Water Supply
33. 41 - Collection, Purification and Distribution of Water
34. 45 - Construction
35. 50 - Sale, Maintenance & Repair of Motor Vehicles
36. 51 - Wholesale Trade & Commission Trade, except Motor Veh
37. 52 - Retail Trade, Except Motor Vehicles
38. 55 - Hotels and Restaurants
39. 60 - Land Transport, Transport via Pipelines
40. 61 - Water Transport
41. 62 - Air Transport
42. 63 - Supporting & Auxiliary Transport Activities
43. 64 - Post and Telecommunications
44. 65 - Financial Intermediation
45. 66 - Insurance and Pension Funding
46. 67 - Activities auxiliary to financial intermediation
47. 70 - Real Estate Activities
48. 71 - Renting of Machinery & Equipment
49. 72 - Computer and Related Activities
50. 73 - Research & Development
51. 74 - Other Business Activities
52. 75 - Public Administration and Defence
53. 80 - Education
54. 85 – Health & Social Work
55. 90 - Sewage and Refuge Disposal
56. 91 - Activities of Membership Organisations Not Elsewhere Classified (membership of Trade Unions/business & professional organisations etc)
57. 92 - Recreational, Cultural and Sporting Activities
58. 93 - Other Service Activities (eg. washing/dry-cleaning/hairdressing/funeral service etc)s

ASK ALL
S4 **Is this establishment part of a larger group?**

- Yes
- No

S7 **Do your workers primarily work on-site, off-site or both?**

- On-site
- Off-site
- Both
MODULE A: RISK PRIORITIES
SICS: ALL RESPONDENTS

A1 I am going to read out a list of accidents and health problems that may affect workers in the workplace. By workers I mean everyone who works at your workplace, both on-site and off-site, including sub-contractors. Please tell me if any of the following is something that might possibly happen to any of your workers in the workplace.

LOOP A1-A3. YES/NO/DON’T KNOW

1. Stress
2. Slipping or tripping over
3. Injuries caused by working with vibrating tools or machinery
4. Damage to workers’ hearing due to loud noise
5. Accidents due to falling from height (including chairs and steps as well as ladders and scaffolds)
6. Accidents with vehicles or mobile machines in the workplace (not on the road)
7. Skin conditions caused by chemicals or water
8. Problems breathing or asthma caused by working with chemicals, dusts or fibres
9. Back and shoulder problems caused by lifting or moving heavy objects
10. Pain or injuries to arms or hands caused by repetitive tasks or uncomfortable working positions
11. Pain or stiffness in the legs caused by long periods of working in uncomfortable positions
12. Contact with substances that may cause cancer
13. Violence or aggression in the workplace

FOR EACH CODED YES AT A1. OTHERS GO TO FILTER AT SECTION B

A2 And is this an issue for all, some or just a few of your workers?
All
Some
Just a few

None (do not read out)
Don’t know (do not read out)

A3 Thinking about all those workers who might experience <INSERT RISK FROM A1>, do you think this represents a high, medium or low risk to them?
High risk
Medium risk
Low risk
No risk at all
Don’t know (do not read out)

END OF LOOP
ASK IF ANY “YES” AT A1

A4 Overall, how much impact you think exposure to this risk (these risks) is/are currently having on the overall level of sickness absence amongst your workers?

A great deal
A fair amount
Not very much
None at all
Don’t know (do not read out)
I’d now like to ask you a few questions about stress in the workplace. I want to remind you that everything you say in this survey will remain strictly confidential and your answers will not be passed to anyone else.

ASK ALL

B1. Has the risk of work-related stress at this workplace been assessed?
   Yes  (GO TO B2)
   No   (GO TO FILTER AT B10)

   IF YES
   B2. What, if any, tools or systems did you use to assess the stress of your workers?

   a) Questionnaires (non specific)
   b) HSE Management Standards for Work Related Stress
   c) Other HSE documents (Specify)
   d) Other (specify)
      None/nothing
      Don’t know

   IF C
   B2a. Was this the HSE’s Management Standards for Work Related Stress or something else produced by HSE?

   a) Management standards
   b) Something else
   c) Don’t know

   IF YES AT B1 BUT NOT USED MANAGEMENT STANDARDS

   B3. In your assessment of the risk of stress at this workplace, did you . . READ OUT. MULTICODE

   Run a staff stress survey?
   Hold discussions with staff?
   Investigate records of absence or ill-health?
   None of these

   B4. Did this assessment of work-related stress lead to a plan of action to reduce the risks of stress at this workplace?

   Yes
   No  (GO TO B10)

   IF YES AT B1 AND NO AT B2 AND YES AT B4
B5. **Approximately how much of the actions listed on this plan has been implemented? Would you say . . READ OUT?**

   All of them  
   Most of them  
   Some  
   None  
   Don’t know

LOOP B6-B7
IF YES AT B1 AND YES AT B2 b) or B2a a)

B6. **You indicated you used or are using HSE Management Standards for Work-related stress? Can you tell me have you READ OUT.** YES/NO/DON’T KNOW

Run a staff survey?  
Held focus groups with staff to discuss work-related stress issues?  
Drawn up a plan to tackle any problems found?

END OF LOOP.

B7. **Are you still using HSE Management Standards for Work-related stress?**

   Yes  
   No

IF YES AT B7

B8. **Do you intend to continue using it?**

   Yes  
   No

IF “NO” AT B7 OR B8

B9. **B7: Why did your organisation stop using it?**  
**B8: Why does your organisation intend to stop using the HSE Management Standards for Work-related stress?**

DO NOT PROMPT. MULTICODE OK

They are too complicated  
Too costly  
Didn’t will work here  
Too busy  
Management support withdrawn  
Management/business changed  
Other (please specify)  
Don’t know

ASK ALL APART YES AT B2 b) or B2a a)
B10. How familiar are you with the HSE Management Standards for Work-related stress? Would you say you . . . READ OUT. SINGLECODE
Know it very well
Know a fair amount about it
Know just a little about it
Have heard of it but know nothing about it
Never heard of it
Don’t know (DO NOT READ OUT).

IF KNOW AT LEAST SOMETHING ABOUT IT (CODES 1-3)
B11. Does your organisation/business intend to use the HSE Management Standards for Work-related stress in the next 12 months?
Yes
No
Don’t know

IF NO OR DON’T KNOW AT B11
B12. Can you tell me why not?
MULTICODE OK
Happy with our current approach to managing stress
They are too complicated
Too costly
Don’t think they will work here
Too busy
Management would never sanction
Other (please specify)
Don’t know

ASK ALL
B13 ASK ALL
Has your organisation made any changes to the way it manages the risk to stress to workers in the last six months?
Yes
No
Don’t know
MODULE C: SLIPS AND TRIPS

I would like to ask you some questions about the risk of workers slipping or tripping in the workplace. I want to remind you that everything you say in this survey will remain strictly confidential and your answers will not be passed to anyone else.

C1 What, if anything, is your organisation currently doing to reduce the risk of slipping or tripping over in the workplaces? DO NOT PROMPT, MULTICODE OK. REFER TO SHOWCARDS.

Asking workers to tell us about risks
Change/improving flooring
Stopping workers carrying loads
Repairing damage to flooring
Keeping people away from unsafe areas
Changing cleaning methods to minimise risks
Tell workers to keep things tidy
Provide equipment for tackling spills/contaminated floors
Provide workers with foot wear or guidance on foot wear
Have a named individual(s) responsible for checking slip/trip risk hazards
Have designated waste/rubbish disposal areas
Special precautions for wet/muddy conditions
Other (SPECIFY)
Nothing
Not applicable at this workplace

ASK ALL

C1. Has the risk of slipping or tripping at this workplace been formally assessed?
Yes
No

C3 I am going to read out a list of things that employers can do to reduce the chance of workers slipping or tripping in the workplace. Please tell me if your organisation is currently doing any of these. READ OUT. CODE: YES, NO, DON’T KNOW FOR EACH

a Conduct a formal assessments of slip and trip risks
b Provide workers with guidance on foot wear
c Have a nominated person who checks for slip and trip risk hazards
d Ensure the immediate repair of “unsafe” floors
e Make workers report all slip and trip risks to managers
f Check slip resistance of all flooring
g Use safety signs to warn pedestrians of hazards
h

FOR EACH YES

And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this
IF YES TO ANY AT C3

C6 Taking into account everything your organisation has done to reduce the risk of slips and trips, what, if anything, have been particularly effective? DO NOT PROMPT. MULTICODE OK

Conducting formal risk assessments for slip and trip and risks
Ensuring that workers do not have to carry awkward or heavy loads across difficult surfaces
Providing workers with guidance on foot wear
Having a named individual with responsibility for checking for slip and trip risk hazards
Ensuring that floors which have become unsafe are repaired promptly
Encouraging workers to report slip and trip risks to managers
Checking the slip resistance of flooring
Use of safety signs to warn pedestrians of slip and trip hazards
Other (specify)
Don’t know
Nothing

ASK ALL

C9 Has your organisation made any changes to the way it manages the risk to workers of slipping or tripping in the last six months?
Yes
No
Don’t know

C10 And overall how would you assess your current control of the risks of slips and trips in the workplace?
Excellent
Very good
Good
Could be improved
Don't Know

C10 How much more do you think your organisation could do to reduce the risk of workers slipping or tripping over in the workplace?
A lot,
A fair amount,
A little,
Nothing
MODULE D: HAND AND ARM VIBRATION

The following questions are about workers’ exposure to hand and arm vibrations. I want to remind you that everything you say in this survey will remain strictly confidential and your answers will not be passed to anyone else.

D1 Do any workers in your organisation/business regularly use power tools and equipment that cause their hands to vibrate (e.g. grinding equipment, pneumatic drills or chainsaws)?

Yes
No
Don’t know

ASK ALL

D. Has the risk of hand arm vibration at this workplace been formally assessed?

Yes
No

D3 What, if anything, is your organisation currently doing to reduce workers exposure to hand arm vibration from using power tools or equipment?

DO NOT PROMPT. MULTICODE OK. REFER TO SHOWCARDS.

Have a named manager who checks processes or equipment
Close supervision of workers
Involve workers managing risk
Replace old tools/ equipment with newer tools/machinery with ‘lower vibration’
Regular maintenance of tools and machinery to improve safety
Provide training and information to workers on safe use of equipment
Limit the amount of time workers spend using tools/equipment Reduce the use of equipment in cold weather
Monitor health of workers who are exposed
Encourage workers to report symptoms of hand arm vibration
Get better information from suppliers of tools
Other (SPECIFY)
Nothing
Not applicable at this workplace

D4 I am going to read out a list of things that employers can do to reduce workers exposure to hand arm vibration (HAV) from using power tools or equipment. Please tell me if your organisation is currently doing any of these. CODE YES/NO/DON’T KNOW FOR EACH.


A Change ways of working to reduce the use of tools that cause hands to vibrate
C Provide workers with information and training on how to use power tools or equipment safely
D Replace old tools with new tools that are efficient and have lower vibration
E Continuously check tools and equipment for levels of vibration
F Provide advice/information/training to workers to recognise the symptoms of hand and arm vibration exposure
H Undertake health checks of workers who use vibrating tools or equipment

FOR EACH YES
And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this?

D7 Taking into account everything your organisation has done to reduce workers’ exposure to hand arm vibration from using power tools or equipment, what, if anything, have been particularly effective? DO NOT PROMPT. MULTICODE OK

Changing ways of working to eliminate/ reduce HAVS exposure
Reducing the time workers spend using power /equipment that cause hands to vibrate
Providing workers with information and training on how to use power tools or equipment safely
Replacing old tools with new tools that are efficient and have lower vibration
Conducting regular maintenance of existing tools and equipment.
Providing advice (from information/training) to workers to recognise the symptoms of hand and arm vibration exposure
Hiring or purchasing tools/equipment classified as low vibration
Undertaking health surveillance among workers who use tools/equipment that cause hands to vibrate
Other (specify)
Don’t know
Nothing

ASK ALL

D10 Has your organisation made any changes to the way it manages the risk to workers of hand arm vibration during the last six months?
Yes
No
Don’t know

D11 How much more do you think your organisation/business could do to reduce workers’ exposure to hand arm vibration from using power tools or machinery?

A lot, a fair amount, A little, Nothing
D12  Are you aware of the new regulations on controlling hand arm vibration in the workplace?

Awareness scale

IF YES AT D12
D13  Where did you hear about the new regulations? DO NOT PROMPT. MULTICODE OK

Trade press
Health and Safety Executive website
Health and Safety Executive
Employer Associations (e.g. EEF)
Trade Unions
Equipment Manufacturers/ Hire companies
Health and safety consultants
Health and safety advisory officers/inspectors
Other – please specify
Don’t know/can’t remember

D14  Have you seen any of any new Health and Safety Executive guidance on controlling hand arm vibration to workers

Yes
No
Don’t know

IF YES AT D14
D15  Which guidance have you seen? PROMPT TO CODE

Pocket card
Leaflet
Guidance book
Other – please specify
Don’t know/can’t remember

IF YES AT D12
D17  What, if anything, do you think your organisation will need to do to meet the new regulations? DO NOT PROMPT. REFER TO SHOWCARD. MULTICODE OK

Have a named manager who checks processes or equipment
Close supervision of workers
Involve workers managing risk
Replace old tools/ equipment with newer tools/machinery with ‘lower vibration’
Regular maintenance of tools and machinery to improve safety
Provide training and information to workers on safe use of equipment
Limit the amount of time workers spend using tools/equipment
Reduce the use of equipment in cold weather
Monitor health of workers who are exposed
Encourage workers to report symptoms of hand arm vibration
Get better information from suppliers of tools
Other - please specify
Don’t know
Nothing
MODULE E: NOISE

You told me that the risk of workers damaging their hearing was an issue in your workplace. I am now going to ask you some questions about workers’ exposure to noise. I want to remind you that everything you say in this survey will remain strictly confidential and your answers will not be passed to anyone else.

E1 Do any of your workers ever work in noisy environments where noise is intrusive and continuous or can make communication difficult?

Yes
No (SKIP TO NEXT SECTION)
Don’t know

E1. Has workers exposure to noise at this workplace been formally assessed?

Yes
No

E3 What, if anything, is your organisation currently doing to reduce workers’ exposure to noise? DO NOT PROMPT. MULTICODE OK. REFER TO SHOWCARDS.

- Involve workers in how to reduce noise risk
- Have a nominated person check noise levels
- Provide guidance/training/information on how and when to protect their hearing
- Encourage workers to report any hearing problems
- Check workers’ health/hearing
- Set limits on noise levels
- Provide workers with hearing protection
- Remove/isolate sources of noise/sound proofing
- Substitute of machinery/equipment/processes for quieter alternatives
- Other (SPECIFY)
- Nothing
- Not applicable at this workplace

E4 I am going to read out a list of things that employers can do to reduce workers’ exposure to noise. Please tell me if your organisation currently does any of these? READ OUT. CODE: YES/NO/DON’T KNOW FOR EACH

LOOP: E4 - E6.

A Involve workers in planning and activities to reduce noise levels
B Have a nominated person who checks for noise risks
C Train workers on how and when to protect their hearing
D Check workers hearing levels
E Provide workers with hearing protection
F Substitute machinery, equipment or processes for quieter alternatives
FOR EACH YES  
And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this

IF YES FOR ANY AT E4

E7 Taking into account everything your organisation has done to reduce workers’ exposure to noise, what, if anything, have been particularly effective? MULTICODE OK.

- Involve workers in how to reduce noise risk
- Have a nominated person check noise levels
- Provide guidance/training/information on how and when to protect their hearing
- Encourage workers to report any hearing problems
- Check workers’ health/hearing
- Set limits on noise levels
- Provide workers with hearing protection
- Remove/isolate sources of noise/sound proofing
- Substitute of machinery/equipment/processes for quieter alternatives
- Other (specify)
- Don’t know
- Nothing

ASK ALL

E10 Has your organisation made any changes to the way it manages the risk to workers of noise during the last six months?
- Yes
- No
- Don’t know

E11 How much more do you think your organisation/business could do to reduce workers’ exposure to noise?
- A lot, a fair amount, A little,
- Nothing

E12 Are you aware of the new regulations on controlling noise in the workplace?

- Awareness scale

IF YES AT E12

E13 Where did you hear about the new regulations? DO NOT PROMPT. MULTICODE OK

- Trade press
- Health and Safety Executive personnel
- Health and Safety Executive website
- Employer Associations (e.g. EEF)
- Trade Unions
Equipment Manufacturers/ Hire companies
Health and safety consultants
Health and safety advisory officers/inspectors
Other – please specify
Don’t know/can’t remember

E14 Have you seen any of any new Health and Safety Executive guidance on controlling noise

Yes
No
Don’t know

IF YES AT E14
E15 Which versions of the guidance have you seen? PROMPT TO CODE. MULTICODE OK

Pocket card
Leaflet
Guidance book
Other – please specify
Don’t know/can’t remember

IF YES AT E12
E17 What, if anything, do you think your organisation will need to do to meet the new regulations? DO NOT PROMPT. REFER TO SHOWCARD. MULTICODE OK

Issue ear defenders/PPEs
Isolate the sources of noise
Replace machinery/equipment with quieter alternatives
Reduce workers’ time spent in noisy environment
Health surveillance of all workers working in noisy environments
Provide workers with guidance (from training/information) on how to use tools/equipment safely
Provide workers with guidance (training/information) to recognise symptoms of ill-health associated with exposure to hand arm vibration
Other - please specify
Nothing
MODULE F: FALLS FROM HEIGHT

F1 As far as you are aware, do any of your workers ever do any of the followings, even if they are not supposed to? Please remember, that by ‘workers’ we mean everyone who works at your workplace, both on-site and off-site, as well as everyone who works at your site but are not directly employed by you such as sub-contractors.

READ OUT. MULTICODE OK

A Use moveable ladders or step ladders
B Climb fixed ladders
C Use podiums or other low level platforms with guard rails
D Use kick stools, hop ups or other low level platforms without guardrails
E Use cherry pickers, scissor lifts or MEWPS
F Use high level platforms or tower scaffolds
G Use rope access equipment
H Work on mezzanine floors or loading bays
I Load or unload vehicles or trailers
J Climb or work on scaffolding
K Work on flat or pitched roofs
L Climb on tables, desks or chairs
M Any other activities which involve working at heights or on elevated surfaces (SPECIFY)

None of these

ASK IF YES TO ANY AT F1. OTHERS GO TO MODULE G

The next few questions are about the risk of falling from height by which I mean the danger of workers falling from any raised surface, such as ladders, scaffolds, steps or chairs.

ASK ALL

C1. Has the risk of falling from height at this workplace been formally assessed?
   Yes
   No

F6 What, if anything, is your organisation currently doing to reduce the risk of workers falling from height? DO NOT READ OUT. MULTICODE OK. REFER TO SHOWCARDS.

Involve workers in looking at risks
Use permanent fixed edge protection where applicable
Minimise use of ladders
Use safety equipment (harnesses, restraints, nets/airbags and life lines) where applicable
Stop workers from passing over fragile surfaces
Regularly check work equipment
Make sure that all workers are formally assessed as competent
Have a named individual who has responsibility for checking risks
Make sure that ladders are tied
I am going to read out a list of things that employers can do to reduce the risk of workers falling from height. Please tell me if your organisation currently does any of these?

LOOP F7 - F9.

ASK IF YES AT F1 A-K
A  Regularly providing workers with information and guidance about correct safety procedures, such as signs in the workplace, ASK IF YES AT F1 L
B  Telling workers not to climb on furniture
C  Provide specific training courses which make sure that all workers are competent to work at height
ASK IF YES AT F1 A - K
D  Provide general training courses on risks and how to use of equipment
E  Having a formal system for regularly checking that all equipment is always safe to use
ASK IF YES AT F1 A – C OR E - G
F  Always inspecting equipment before it is used
ASK IF YES AT F1 A
G  Ensure all moveable ladders are tied at the top and the bottom or are fitted with stabilisers
ASK IF YES AT F1 C OR E – F OR H OR J-K
H  Install fixed edge protection on all elevated surfaces
ASK IF YES AT F1 E-F OR J-K
I  Provide fall safety equipment such as work restraints, air bags and safety nets
ASK IF YES AT F1 E OR G OR J
J  Have a tested rescue plan for when things go wrong
ASK IF A-K
Looking for alternative ways of doing things differently to stop people from having to work at height.

FOR EACH YES
And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this

Taking into account everything your organisation has done to reduce the risk to workers of falling from height, what, if anything, have been particularly effective?

Providing workers with information and guidance, including signs in the workplace, about correct safety procedures
Instructing workers to stop climbing on furniture
Providing specific training to ensure that all workers are competent to work at height
Providing general training on risks and how to use of equipment
Establishing a system for regularly checking that all equipment is safe to use
Inspecting equipment regularly
Ensuring that all moveable ladders are tied at the top and the bottom or are fitted with stabilisers
Installing fixed edge protection on all elevated surfaces
Providing fall safety equipment such as work restraints, air bags and safety nets
Have a tested rescue plan for when things go wrong
Other (specify)
Don’t know Nothing

ASK ALL

F13 Has your organisation made any changes to the way it manages the risk to workers of falling from height during the last six months?
Yes
No
Don’t know

F14 How much more do you think your organisation/business could do to reduce the risk of workers falling from height?
A lot, a fair amount, A little, Nothing
MODULE G: WORKPLACE TRANSPORT

I am now going to ask you some questions about the risk of accidents involving vehicles in the actual workplace i.e. not on the road. I want to remind you that everything you say in this survey will remain strictly confidential and your answers will not be passed to anyone else.

G1 vehicles that are sometimes found in the workplace. Please tell me if any of your workers ever work with these vehicles either as a driver, or on foot in the same area where the vehicles are working? READ OUT. CODE: YES/NO/DON’T KNOW FOR EACH

LOOP G1 – G4. IF NO/DK FOR ALL MENTIONS AT G1, GO TO SECTION H.

Passenger vehicle/ People mover (inc. car, bus, coach)
Goods vehicle/ trailer (inc. trucks and vans)
Mobile crane or lorry mounted crane/ lorry loader
Earth/ bulk moving plant (inc. bulldozer, dumper, excavator)
Rough/ all terrain vehicle (inc. quad bike)
Lift truck (inc. forklift, clamp truck)
Tractor
Any other types of vehicles that I have not mentioned? (SPECIFY)

ASK ALL

G. Has the risk of accidents involving vehicles at this workplace been formally assessed?
Yes
No

G7 What, if anything, is your organisation currently doing to reduce the risk of accidents with vehicles in your workplace? DO NOT READ OUT. MULTICODE OK. REFER TO SHOWCARDS.

Consult workers about risks
Check all drivers are competent/qualified
Set or enforce on-site speed limits
Tell drivers/operators to carry out basic safety checks before using equipment/vehicles
Clearly separate areas where vehicles/equipments are operating from pedestrians
Minimise/ban reversing on-site
Have a named manager who has responsibility for vehicle/equipment safety
Use of safety signage and warnings to indicate presence of vehicles/pedestrian routes
Other (SPECIFY)
Don’t know
Nothing
Not applicable at this workplace

G7 I am going to read out a list of things that employers can do to reduce the chance of workers having accidents involving vehicles in the workplace.
Please tell me if your organisation is currently doing any of these. CODE: YES/NO/NOT APPLICABLE/DON’T KNOW FOR EACH. IF NO/DK FOR ALL MENTIONS AT G7, GO TO G13

LOOP G7-G9

A  Set on-site speed limits in all areas
B  Ask workers to think about what they do on or near mobile equipment or vehicles and what they can do to reduce the risk of accidents
C  Instruct drivers or operators to always carry out basic safety checks before using any equipment or vehicles
D  Check all drivers and operators are fully competent
E  Clearly separating vehicle and pedestrian areas
F  Ban reversing of all machinery and vehicles

FOR EACH YES
And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this

IF YES FOR ANY AT G7

G10  Taking into account everything you have done to reduce the risk to workers of accidents involving vehicles in the workplace, what, if anything, have been particularly effective? MULTICODE OK

Setting on-site speed limits in all areas
Asking workers to think about what they do on or near mobile equipment or vehicles and what you can do to reduce the risk of accidents
Telling drivers or operators to carry out basic safety checks before using any equipment or vehicles
Checking all drivers and operators are fully competent
Clearly separating vehicle and pedestrian areas
Banning the reversing of all machinery and vehicles
Other
Don’t know

ASK ALL

G13  Has your organisation made any changes to the way it manages the risk to workers of accidents involving vehicles in the workplace during the last six months?
Yes
No
Don’t know

G14  And overall how would you assess your current control of the risks to workers from accidents involving vehicles in the workplace?
Excellent
Very good
Good
Could be improved
Don't Know
G14  How much more do you think your organisation/business could do to reduce the risk to workers of accidents involving vehicles in the workplace?

A lot, a fair amount, A little, Nothing
 MODULE H: SKIN PROBLEMS

H1  As far as you are aware, what substances or liquids might cause skin irritation, dermatitis and other types of skin problem among your workers? DO NOT PROMPT. MULTICODE OK. REFER TO SHOWCARDS.

Water
Rubber or latex materials
Nickel
Glues and adhesives
Cement, mortar or plaster
Oils, including metal working fluids (suds)
Soaps, detergents and bleach
Lacquers, varnishes, resins or hardeners
Alcohol rubs or disinfectants
Solvents, degreasers, scalers
Petroleum products
Hair dyes, chemicals or other hair products e.g. shampoos, hair oils, perm solutions
Foods e.g. fish, garlic, flour, flavourings
Plants, plant saps or flowers
Fibreglass, or textile and other fibres
Other chemicals or substances (please specify)
None
Don’t know

IF YES OR DON’T KNOW AT H1. IF NONE, GO TO SECTION I

H2  Do your suppliers of materials/products provide you with any information on how to work with these products or materials safely? PROMPT TO CODE

Yes – all do
Yes – some do
No
Don’t know

IF YES H2

H3  How do they provide this information  DO NOT PROMPT. MULTICODE OK

Separate sheet/handout/flier
information on the product package Verbal information from sales staff
Other (specify) (James there were a lot of codes to other on this question – do you have a list for the other specify I could have a quick look at?)

H4  How often do you pass this information onto your employees?

Every time
Most times
Every so often
Never
Don’t know
IF rarely or never  AT H4

H5  **Why do you not provide information more often?**  DO NOT PROMPT

Don’t come into contact at all with anything at work that could cause skin conditions
Only infrequent contact, such as one a week with substances that could cause skin conditions
Do not have any skin conditions that require advice on how to stop them getting worse
Already protecting themselves enough
Other (SPECIFY)
Don’t know

IF YES AT H4

H6  **When was the last time that you provided information about skin irritation, dermatitis and other types of skin problem to your workers?**  DO NOT PROMPT

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know/can’t remember

ASK ALL

H7  **I am going to read out some things that employers might introduce at work. Please tell me if your organisation currently does any of these.**  READ OUT. CODE YES/NO/DON’T KNOW FOR EACH LOOP H7 - H9.

A change the substances used because they may cause skin problems.
B Provide gloves to workers
E Provide pre-work creams and/or after work cream
J Regularly check workers for the symptoms of skin conditions

END OF LOOP

ASK ALL

H10  **Has your organisation made any changes to the way it manages any risk of your workers of developing skin irritation, dermatitis or other skin conditions during the last six months?**

Yes
No
Don’t know
If yes at H7 C (providing gloves)
H13 You mentioned that you have provided workers with gloves. As far as you know are these?
Yes
No
Don’t Know

High protein powdered latex gloves?
Low protein powdered latex gloves?
Powder free rubber/latex gloves
Chemical protective gloves

IF YES AT H7 C

H14 Do your workers receive training on the correct way of putting the gloves on, wearing them and taking them off? PROMPT Do they always or sometimes receive that training?

Yes – always
Yes - sometimes
No
There is no need to
Don’t know

H14a How long ago was this training?

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know can’t remember

H14b Which type of staff attended the training? PROMPT TO CODE. MULTICODE OK

Managers
Supervisors
Selected work teams
New staff
All Staff
Other (specify)
Don’t know/can’t remember
MODULE I: RESPIRATORY CONDITIONS

I would now like to ask you some questions about working with materials that in some cases may be associated with lung and/ breathing Problems.

I1 I am going to read out a list of materials that workers might use or come into contact with at work. Please tell me if any of your workers ever come into contact with READ OUT. MULTICODE.

a) Dust
b) Fumes
c) Natural or other substances such as food
d) Chemicals
e) Metals
f) Gases
None of these GO TO MODULE J

ASK IF A) DUST AT I1

I2 What type of dust do they come into contact with? DO NOT PROMPT. MULTICODE OK

Flour dust
Grain dust
Dusts from farming activities (straw, hay, )
Dust/dander/hair from animals
Wood/saw dust
Textile/cotton dust
Stone/brick dust
Cement dust
Sand
Plaster dust
Silica
Fibreglass/fibres
Asbestos
Coal dust
Other (SPECIFY)
Don’t know

ASK IF B) FUMES AT I1

I3 And what type of fumes do they come into contact with? DO NOT PROMPT. MULTICODE OK

Welding fumes (from metal welding)
Soldering (colophony/electronics industry)
Rubber fumes
Diesel engine exhaust emissions
Other (Specify)
Don’t know

ASK IF C) NATURAL SUBSTANCES AT I1
I4  And what type of natural substances do they come into contact with?  DO NOT PROMPT. MULTICODE OK

- Enzymes/amylase/flour improvers
- Food (vegetables, spices, tea dust, fish, crustaceans)
- Fungi or moulds
- Other (Specify)
- Don’t know

ASK IF D) CHEMICALS AT I1

I5  And what type of chemicals do they come into contact with?  DO NOT PROMPT. MULTICODE OK

- Isocyanates (car spray paints)
- Glutaraldehyde
- Medicines/antibiotics
- Formaldehyde
- Latex materials/rubber
- Epoxy resins/hardening agents
- Acryolics and acrylates/plastics
- Cutting oils and coolants/metal working fluids (suds)
- Cleaning products
- Paints
- Glues and adhesives
- Inks/printing inks
- Reactive/textile dyes
- Hair products (hair dyes/chemicals)
- Solvents/degreasers
- Pesticides/herbicides/insecticides
- Other (Specify)
- Don’t know

ASK IF E) METALS AT I1

I6  And what type of metals do they come into contact with?  DO NOT PROMPT. MULTICODE OK

- Nickel
- Chrome
- Steels
- Other (Specify)
- Don’t know

ASK IF F) GASES AT I1

I7  And what type of gases do they come into contact with?  DO NOT PROMPT. MULTICODE OK

- Chlorine
- Sulphur dioxide
- Ammonia
- Other (Specify)
Don’t know

ASK IF YES TO ANY OF THE ABOVE

I9  Do your suppliers provide you with information on how to work with these materials safely? PROMPT TO CODE

Yes – all do
Yes – some do
No
Don’t know

I 9a How do they provide this information  DO NOT PROMPT. MULTICODE

OK
Separate sheet/handout/flier
information on the product package
Verbal information from sales staff
Other (specify)

I9b  How often do you pass this information onto your employees?

Always
Most of the time
Sometime
Rarely
Never
Don’t know

ASK ALL

I17  Do any of your workers ever use respirators at work?

Yes
No

IF YES AT I17

I18  Do your workers have training on how to wear respirators and how to ensure they are kept in good working order? PROMPT TO CODE. SINGLECODE ONLY

Yes for both
Yes for wear only
Yes for keeping in good working order only
No
Not applicable - There is no need to

IF ANY YES AT I18

I19  When was the last time this training took place? SINGLECODE ONLY

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know/can’t remember

I20 **Which type of staff attended the training?** PROMT TO CODE. MULTICODE OK

Managers
Supervisors
Respirator wearers
Selected work teams
New staff
All Staff
Other (specify)
Don’t know/can’t remember

ASK ALL

I21 **Do your workers ever use local exhaust ventilation systems including ventilated booths or spaces at work?**

Yes
No
Don’t know can’t remember

IF YES AT I21

I22 **When was the last time the local exhaust ventilation system was checked to see if it was working properly?** DO NOT PROMPT

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know/can’t remember

I23 **Who carried out the check?** DO NOT PROMPT

Someone in the firm
Independent engineer
Manufacturer
Insurance company
Other (Please specify)
Don’t know/can’t remember

I24 **What did they check for?** DO NOT PROMPT

Signs of damage to ducting, fan and filters
Pressure drop across air cleaners or filters
Air speed in ducts
Air flow at all inlets
Clearance times
Other (specify)
Don’t know

ASK IF YES AT I21
I25  Do your workers receive training on how to work in a ventilated booth or with a local exhaust ventilation system?

Yes
No
There is no need for training
Don’t know/can’t remember

ASK IF YES AT I25
I26  How long ago was this training?

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know can’t remember

I27  Which type of staff attended the training?  PROMPT TO CODE.  MULTICODE OK

Managers
Supervisors
Selected work teams
New staff
All Staff
Other (specify)
Don’t know/can’t remember

ASK ALL
I28  What, if anything do your workers use to clean their workstation equipment or themselves?  MULTICODE OK

Sweeping up using a brush
Special chemical cleaning kits
Blowing down with an air line/hose  H- type vacuum cleaner
Absorbent material (for liquid spills)
Washing facilities
Specialist contractor
Other (Please specify)
Don’t know
Nothing

I29  Has your organisation made any changes to the way it manages any possible risk to workers of developing breathing problems during the last six months?
Yes
No
Don’t know
MODULE J: MUSCOLOSKELETAL DISORDERS

Heavy or repetitive tasks or working in uncomfortable positions can give rise to pain or stiffness in the back, shoulder, legs and arms. These are known as musculoskeletal disorders or MSDs. I would now like to ask you some questions relating to this condition.

J1 Has the risk of work-related MSDs been assessed in your workplace?
   Yes
   No
   
   ASK IF YES AT J1. OTHERS GO TO J10

J2 How would you rate your organisation at identifying MSD risks in the workplace?
   Very good
   Fairly good
   Fairly poor
   Very poor
   Don’t know

J3 In your assessment of the risks of MSDs did you..? READ OUT. MULTICODE OK
   Examine work activities (such as manual handling of loads or repetitive tasks)
   Conduct a staff survey
   Hold discussions with staff
   Investigate records of absence or ill-health
   None of these

J4 Did you use guidance and/or tools to conduct the assessment, for example an assessment checklist?
   Yes
   No
   Don’t know/can’t remember
   
   IF YES AT J4

J5 What guidance and/or tools did you use to conduct the risk assessment?
   WRITE IN FULLY
   INSERT CODES
   
   ASK IF YES AT J1

J6 Did the assessment of work related MSDs lead to an action plan to reduce this risk in the workplace?
   Yes
No
Don’t know

IF YES AT J6
J7 Approximately how much of the actions listed on this plan have been implemented? Would you say . READ OUT?

All of them
Most of them
Some
None
Don’t know

IF CODES 1-3 AT J7
J8 How effective have the actions implemented been?

Very effective
Fairly effective
Not very effective
Not at all effective
Don’t know

IF INEFFECTIVE
J9 Why have they not been effective?

Nobody enforces the law
Supervision is weak/infrequent/inconsistent
The rules are not suitable/applicable for all workplaces
Workers don’t know what to do
Too many new workers/high turnover
Training is poor/non-existent
Workers need language training/English is not a first language
Other (SPECIFY)
Don’t know

ASK IF NO AT J1
J10 Can you tell me why your organisation does not currently conduct a risk assessment of MSDs in the workplace?

Happy with current approach
They are too complicated
Too costly
Does not apply to us
Too busy
Management would not sanction assessment
Other
Don’t know
Not applicable in our line of work (GO TO SECTION K)
J11  Does your organisation intend to carry out an assessment of the risks of MSDs in the next 12 months?

Yes
No
Don’t know

ASK ALL

J12  As far as you aware, what can your organisation/business do to reduce the risk of your workers developing MSDs? What else? DO NOT PROMPT. MULTICODE OK. REFER TO SHOWCARDS.

Carry out risk assessments of tasks
Have procedures on how tasks should be carried out
limits the weight of loads that should be handled
Involve workers in considering how to control the risk of injury
Provide mechanical lifting aids Provide information or training on ways to avoid msd risks
Make changes to jobs/roles to reduce the need for moving/lifting or repetitive tasks
Provide more rest or recovery time between tasks
Provide more varied tasks
Encourage workers to report any symptoms of injury
Conduct health checks of workers to look for injuries
Other (SPECIFY)
Don’t know
Nothing
Not applicable at this workplace

J13  I am going to read out a list of things that employers can do to reduce the risk of workers developing MSDs. Please tell me if your organisation is currently doing any of these.
CODE: YES/NO/DON’T KNOW FOR EACH

LOOP J13-J14

A  Ensure worker do not handle load exceeding 15kg for men or 10kg for women, without a mechanical aid
B  Provide appropriate mechanical handling aids for moving heavy loads, people or patients
C  Provide training courses on ways to avoid risks from manual handling, lifting people or repetitive tasks.
D  Encourage workers to report any symptoms due to manual handling or repetitive tasks, such as aches or pains
E  Ensure we are aware of the latest HSE guidance
F  Making sure that when doing repetitive tasks workers never have to twist their bodies or stretch to reach objects

FOR EACH YES
And on a scale of 1 to 5 how much importance does your organisation currently attach to doing this?

ASK ALL

J15 Has your organisation made any changes to the way it manages the risk to workers of MSDs during the last six months?
Yes
No
Don’t know
MODULE K: CANCER

I would now like to ask you some questions relating to substances that may cause cancer.

K1  Do your workers use or come into contact with any materials or substances during their work that may cause cancer?

Yes
No
Don’t know

ASK IF YES AT K1. OTHERS GO TO NEXT MODULE L

K2  What substances are these? DO NOT PROMPT. MULTICODE OK.

Asbestos
Rubber fume/dust
Leather dust
Benzene
PAHs
Chromium
MbOCA (Pronounced Mocca)
MDA
Ferrous foundry particulate
Nickel
Arsenic
Beryllium
Hydrazine
Aromatic amines
Nitrosamines
Vinyl Chloride
Other (specify)
Don’t know/can’t remember

IF ANY MENTIONED AT K2

K3  On average, how frequently do your workers use or come into contact with these materials?

All working hours apart from meal/rest breaks
Once or twice a day
Once or twice a week
Once or twice a month
It varies
Other (WRITE IN)
Don’t know

K4  Have you ever provided information to your workers about how to work with these substances or materials?

Yes
No
Don’t know/can’t remember

IF YES AT K4

K5 Where do you normally get this information from? DO NOT READ OUT. MULTICODE OK

Safety data sheets provided by suppliers
Safety data sheets sourced from the internet
Labels on containers
Expert advice from occupational hygienists
COSHH Essentials
Other guidance material (please specify)
Don’t know/can’t remember

K6 When was the last time that you provided this information to your workers?

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know

ASK IF YES AT K1

K7 Do your workers receive training on how to work with these materials?

Yes
No
Don’t know

ASK IF YES AT K7

K8 When was the last time this training took place?

Within the last month
Within the last three months
Within the last six months
Within the last year
Longer ago
Don’t know

K9 Which type of staff attended the training? PROMPT TO CODE. MULTICODE OK

Managers
Supervisors/ Line managers
Safety reps
Selected work teams
New staff
All Staff
Don’t know

ASK IF YES AT K1

K10 Do you conduct regular checks of workers’ exposure to substances that cause cancer?

Yes
No
Don’t know

ASK IF YES AT K10

K11 How frequently do you undertake these checks? DO NOT PROMPT

Continuously
At least hourly
At least twice a day
At least daily
At least every 2-3 days
At least weekly
At least monthly
At least every few months
Don’t know

K12 Who undertakes the checks? MULTICODE OK

Supervisors
Managers
Safety representatives
External specialist
Other (specify)
Don’t know
When maintenance or refurbishment is carried out in or on your building, what information, if any, do you provide to workers about potential risk of contact with asbestos? DO NOT PROMPT. MULTICODE

Location and record of where asbestos may be present
The condition of the asbestos
The type of asbestos it is
Other (specify)
Don’t know/can’t remember
None

And what training, equipment and other preventative measures, if any, do you provide to these workers? MULTICODE OK. REFER TO SHOWCARD.

Significant findings of risk assessment
Risks to health from asbestos
Medical surveillance
Precautions that should be observed
Relevant control limit and action level – please clarify
H-type vacuum cleaner
Respiratory protective equipment
Local exhaust ventilation
Decontamination unit/arrangements
Air monitoring
Protective clothing
Controlled wet stripping
Instructions to avoid abrasive tools
Advice on keeping the work area clean
Washing and changing facilities
Allocation of ‘designated areas’ where appropriate
Other (specify)
Don’t know/can’t remember
None
You mentioned earlier that some of your workers are at risk of suffering from work related violence. I would now like to ask a few questions about this.

LV1 Do you have systems in place to address potential violence or aggression in the work place?

Yes  
No

ASK IF YES AT LV1

LV2 In your opinion, how effective are these systems for dealing with work related violence that might affect your workforce?

Very effective  
Fairly effective  
Not very effective  
Not at all effective  
Don’t know

ASK ALL

LV3 As far as you aware, what steps can be taken to reduce the risk of workers experiencing work related violence? DO NOT PROMPT.

Training  
Issuing personal alarms  
Security measures  
Displaying notices of potential actions against aggressors  
Other (specify)  
Don’t know  
Nothing
MODULE M: INSPECTION
SICS: ALL

ASK ALL

M1 Has your workplace received a health and safety inspection in the last 12 months?

ADD IF CATERING/RETAIL/RESTAURANTS (SIC 55)
Please note that this means an inspection of your workplace to check for risks to your workers, not the hygiene of your premises.

Yes
No – GO TO SECTION N
Don’t know – GO TO SECTION N

ASK IF YES AT M1. IF NO OR DON’T KNOW GO TO SECTION N

M2 On your most recent inspection, was the inspector from the Health and Safety Executive, the local council, or were they from another organisation? MULTICODE OK

HSE only
Local Authority only
Company’s own Health & Safety Officer
Other (Please specify)
Don’t know

M3 When the inspectors visited you, did they…READ OUT

Provide you with advice and guidance
Serve you with an improvement notice
Serve you with a prohibition notice

Yes
No
Don’t know
MODULE N: CORE QUESTIONS
SICS: ALL

SICKNESS ABSENCE
The following questions are about sickness absences and health checks at your workplace.

N1  *Do you have a system for documenting or recording employee sickness absence?*

   Yes
   No

ASK IF YES AT N1. OTHERS GO TO O1

N2  *What is the minimum sickness period that is recorded?*  SINGLECODE

   All periods including less than a day
   Absence of at least a day
   Absences over a day
   Absences over two days
   Absences over three days
   Absences over five days
   Other (specify)
   Don’t know/can’t remember

   *Are the reasons for sickness absence recorded?*

   Yes
   No

N4  *Do you ever analyse sickness absence data to look for patterns of absence?*

   Yes
   No

N6  *And does your organisation/business use this sickness absence information to inform risk assessments of work-related ill-health or injury?*

   Yes
   No

HEALTH SURVEILLANCE
ASK ALL
O1  *Do you ever do tests or collect information about your workers health?*

   Yes  (GO TO O4)
No
Don’t know (GO TO)

ASK IF YES AT O

O4   Do you aim to collect this information about all of your employees or just some?

All
Some
Don’t know

ASK IF SOME AT O4

O5   How do you select which employees you collect information from?
MULTICODE OK

By occupation
By type of work/tasks undertaken
By unit/department
On the basis of employees’ current health status
Other (please write in)
Don’t know/can’t remember

O7   Who collects the information about health problems or conditions?
PROBE FULLY. MULTICODE OK

Done through surveys/employee questionnaires
Line managers/supervisors
Doctor employed by company
GPs are asked to write a report
In house Occupational health assessments
External Occupational health assessments
Done informally
Other (specify)
Don’t know/other

HEALTH AND SAFETY POLICY

ASK ALL

P1   Has your organisation/business got a written health and safety policy?

Yes
No
Don’t know

Delete P2

P3   What sources of information and/or advice would you prefer to use to keep up-to-date on health and safety issues?  DON’T PROMPT. MULTICODE OK. REFER TO SHOWCARDS

HSE publications
HSE Inspectors

45
Other HSE representatives
Workplace Health Connect
HSE Infoline
HSE website
Legal adviser
Factory or health and safety inspectors
Local authority/environmental health inspectors
In-house advice from health and safety personnel
Health and safety consultant
Health and safety magazines/manuals
Trade associations
Trade publications
Trade union
Parent organisation/business
Insurance companies
Health and safety consultants
NIOSH – National Institute for Occupational Health & Safety
GP
Manufacturer/supplier for information about equipment and materials
Local or national business group
ROSPA – Royal Society for Prevention of Accidents
Other (SPECIFY)
Don’t know
None

NEW QUESTIONS: select 4 of the followings:
How strongly do you agree or disagree with these statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Options</th>
</tr>
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<tbody>
<tr>
<td>We cannot afford to deal with every health and safety issue</td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Workers at this workplace are fully involved in managing health and safety risks</td>
<td>Tend to agree</td>
</tr>
<tr>
<td>People at this worksite always work safely even when they are not being supervised</td>
<td>Neither/nor</td>
</tr>
<tr>
<td>Some health and safety procedures are not really practical</td>
<td>Tend to disagree</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
</tr>
<tr>
<td></td>
<td>No opinion</td>
</tr>
</tbody>
</table>

WORKER INVOLVEMENT

ASK ALL

P5 Are any of your workers involved in how health and safety is managed in the workplace?

Yes
No
P6 **How are workers involved?** MULTICODE OK

- Staff suggestion scheme
- Through Trade Union Health and Safety Representative
- Through Workplace Safety Advisor
- Through Staff Representative
- Informal discussions between workers and managers
- Formal discussions between workers and managers
- Health & Safety Committee or Forum
- Through Health & Safety Manager
- Other (specify)
- Don’t know

P **Has your organisation made any changes to the way it involves workers in managing health and safety during the last six months?**

- Yes
- No
- Don’t know

ASK ALL

R3 **What are the main difficulties that your organisation/business faces when tackling health and safety issues?** DO NOT PROMPT. MULTICODE OK

- No resources/can’t afford to/costs too much
- No time/too busy
- No expertise/don’t know where to go for advice
- No senior management support
- Lack of worker enthusiasm/compliance
- Control measures would cause other problems/too difficult
- Don’t think it would make any difference
- Make us less competitive

- Other (specify)
- Don’t know
- No difficulties
FINAL DETAILS

RE-CONTACT

Q1. Thank you very much for taking part in this important study. The Health and Safety Executive may be conducting some further research on related issues in the future. Would it be OK for MORI or another appointed to contact you again to find out your views?

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<tr>
<td>Yes</td>
<td>1</td>
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<td>No</td>
<td>2</td>
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</tbody>
</table>

ASK IF (CODES 2-3) AT Q4

Q2. Can I take your name? RECORD NAME

Can I take your job title?

- Owner/partner
- Managing Director
- Other director
- Outside consultant/adviser
- Production manager
- Personnel manager
- Parent company
- Foreman/supervisor
- Manager/s
- Office manager
- Company secretary
- Secretary/PA Administrator
- Health and Safety Manager
- Other (SPECIFY)

THANK RESPONDENT AND CLOSE.