

**Employer Questionnaire  
Final Version (J25455) – 10<sup>th</sup> 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 Refuse 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)

**MODULE B: STRESS**

**SICS: 65-67 and 70, 74, 75 - 85 (except 85.2) + ALL WHO SAY YES  
AT A1 – CODE 1**

**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**

LOOP C3 - C5.

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

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.**

LOOP: D4 – D6.

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

James Noble 8 September 06

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 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

Other (SPECIFY)  
Don't know  
Nothing  
Not applicable at this workplace

**F7 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

ASK IF YES AT F1 E – G OR J

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**

**F10 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, descalers  
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  
Acrylics 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?** PROMPT 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?**



James Noble 8 September 06

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

- J7 **IF YES AT J6**  
**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

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

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

- J9 **IF INEFFECTIVE**  
**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

- J10 **ASK IF NO AT J1**  
**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



MODULE LC: CONSTRUCTION ONLY – CODES 45 AND 79

**LC1 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

**LC2 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

MODUEL L: VIOLENCE

ASK IF A1=CODE 13

**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 and 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 rememberN3

**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

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:**

We cannot afford to deal with every health and safety issue
Workers at this workplace are fully involved in managing health and safety risks
People at this worksite always work safely even when they are not being supervised
Some health and safety procedures are not really practical

**Strongly agree**  
**Tend to agree**  
**Neither/nor**  
**Tend to disagree**  
**Strongly disagree**  
**No opinion**

#### WORKER INVOLVEMENT

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

Yes  
No

ASK IF YES AT P5

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?

		0	
	Yes	1	
	No	2	0

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Q2. ASK IF (CODES 2-3) AT Q4  
Can I take your name? RECORD NAME

			0
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**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.**