

## Health and Safety Survey

We want to hear from you! What health and safety concerns do you have in your workplace? This information will be helpful for us to develop resources directly related to the concerns you have. Please share anything that's concerning that we do not have listed below.

- 1. Division: (drop down: Higher Ed; K-12; Public Employees; HC)
- 2. When you think about work-related health and safety problems/risks, which ones are you most concerned about?
  - Strains and sprains (lifting, bending, twisting, repetitive tasks, awkward postures, etc.)
  - Trips, slips and working surfaces, etc.
  - Communicable and infectious disease (COVID, influenza, colds, strep throat, bedbugs, lice, ringworm, hepatitis, etc.)
  - Workplace violence (assaults, verbal threats, breaking up fights, etc.)
  - Workplace bullying (perpetrated by supervisor/student/parent/peer, etc.)
  - Workplace stress
  - Chemical, pesticide and/or cleaning product exposures
  - Indoor environmental quality (temperature extremes, mold, bathroom/ parking lot odors, acoustics, inadequate ventilation, etc.)
  - Pest/rodents

etc.) — Faulty safety devices (seat belts, fall

— Faulty equipment (forklifts, bucket trucks,

- protection, trench boxes, lifts, etc.)
- Fall hazards
- Personal Protective Equipment (PPE)
- Asbestos
- Electrical
- Traffic work zones
- Confined spaces/trenching
- Heat extremes
- Isolation issues (working alone, access to bathroom facilities, working at night, etc.)
- Emergency procedures
- Security
- Other
- 3. Have you ever experienced a work-related injury or illness? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If yes, please feel free to add information here:
- 4. Are there any other comments or concerns you would like to make?

Optional: Name Email

Affiliate