



Survey of Health and Safety Representatives/Committee Members

The aim of the survey is to gather information about health and safety issues in our workplaces. The survey will be treated confidentially, and you can complete it anonymously. However, if you would like to participate in follow-up surveys, please complete your contact details below.

Name: _____ E-mail: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Please tick the appropriate boxes:

Male Female

Are you of non-English background (NESB)? Yes No

If of NESB, what is your first language? _____

In which age bracket are you?

16-25 26-35 36-45 46-55 55+

Do you work in the private or public (government) sector? _____

In which industry do you work? _____

What is your job/occupation? _____

Would you describe your workplace as a small business, i.e., less than 50 people in the entire company (including other sites)?

Yes No

On what basis are people employed in your workplace? Please tick all boxes that apply.

Full-time permanents	<input type="checkbox"/>	Sub-contractors	<input type="checkbox"/>
Part-time permanents	<input type="checkbox"/>	Casual workers	<input type="checkbox"/>
Labour hire or agency workers	<input type="checkbox"/>	Fixed-term contractors	<input type="checkbox"/>

Other (please specify) _____

Are you a union member? Yes No

If yes, to which union do you belong? _____



B.C. FEDERATION OF LABOUR
OCCUPATIONAL HEALTH & SAFETY EDUCATION RESOURCE CENTRE
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A. Health and Safety Hazards at Work

1. Do any of the following health and safety hazards affect your workplace? Please tick all that apply?

Is there exposure to:

- Noise
- Vibration
- Uncomfortable Temperatures
- Ultraviolet Radiation
- Electromagnetic Radiation
- Lead or Other Heavy Metals
- Paints or Inks
- Industrial Solvents
- Detergents/Cleaning Fluids
- Pesticides/Herbicides
- Bleaches
- Chemical Sterilizers
- Hair/Beauty Chemicals
- Other Chemicals
- Asbestos
- Dust/Fibres
- Fumes/Gases
- Infectious Materials (Bio-hazards)
- Environmental Tobacco Smoke

- Other Screen-Based Equipment
- Mobile Phones
- Dangerous Machinery
- Long Hours of Work
- Skipped Rest Breaks
- Not Enough Time Off
- Poor Shift Rosters
- Inadequate Staffing
- Work Overload
- Lack of Training
- Excessive Performance Monitoring
- Intrusions on Privacy
- Job Insecurity

Does work involve:

- Heaving Lifting
- Awkward Postures
- Repetitive Work
- Monotonous Work
- Fast-paced Work
- Confined Spaces
- Working at Heights
- Working Alone
- Poor or Inadequate Personal Protective Equipment
- Electrical Hazards
- Power Tools
- Moving Plant/Machinery
- Forklifts
- Computers

Do people experience:

- Bullying by Managers, Supervisors or Employers
- Bullying by Co-workers
- Sexual Harassment
- Aggression or Violence from Customers, Clients or Patients

Please list below any health and safety hazards that are not listed above but are found in your industry or job.



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2. What do you feel are the three main health and safety issues of concern to people at your workplace?

(i) _____

(ii) _____

(iii) _____

3. What are the three main injuries or illnesses which occur in your workplace?

(i) _____

(ii) _____

(iii) _____

4. Have workers or former workers at your workplace suffered from work-related diseases (e.g. cancer/s, lung disease, or heart disease)?

Yes No Don't Know

If yes, please specify which disease/s

B. What does your employer/management do about health and safety?

5. Does your employer/management carry out workplace health and safety inspections?

Regularly Occasionally Never

6. Do you or other workers participate in the health and safety inspections?

Regularly Occasionally Never

7. Has the employer/management acted to fix problems identified in the inspections?

Yes No Don't Know

8. Does your workplace have a health and safety committee?

Yes No Don't Know

9. If yes, does the health and safety committee work properly and well?

Yes No Not Sure



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10. Does your employer consult you or other workers over changes which may affect health and safety (e.g., new chemicals, machinery, work processes, or staffing arrangements)?
- Automatically Only when you ask Never
11. Does your employer/management inform you when an injury occurs at your workplace?
- Automatically Only when you ask Never
12. Does your employer/management involve you in the investigation of health and safety incidents?
- Automatically Only when you ask Never
13. Do you feel that sick or injured employees in your workplace are pressured by management to return to work before they are ready?
- Yes No Don't Know
14. Do you think that your employer/management is meeting the required health and safety standards and regulations?
- Yes No Don't Know
15. Does the employer/management provide:
- | | |
|---|--------------------------|
| Copies of Legislation and Regulations | <input type="checkbox"/> |
| Codes of Practice | <input type="checkbox"/> |
| Relevant Equipment (e.g., meters, etc.) | <input type="checkbox"/> |
| Equipment Safety Manuals | <input type="checkbox"/> |
| Health Surveillance Reports | <input type="checkbox"/> |
| Material Safety Data Sheets (MSDS) | <input type="checkbox"/> |
| Access to Office Equipment/Facilities | <input type="checkbox"/> |

C. Your role as a health and safety representative/committee member

16. Are you:
- (a) an elected health and safety representative
- (b) a member of a workplace health and safety committee
- (c) both (a) and (b)
- (d) a general workplace representative or shop steward
17. Why did you become a health and safety representative/committee member?
-



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18. Have you received health and safety training?
Yes, in the last 2 years Yes, 2 to 5 years ago No
19. Do you believe that the training has been useful in your health and safety activities?
Yes No Unsure
20. Do you carry out your own health and safety inspections?
Frequently Occasionally Never
21. Have health and safety problems identified by you been fixed by the employer/management?
Yes No Don't Know
22. Do you hand out health and safety information to workers in your workplace?
Frequently Occasionally Never
23. Is health and safety information provided to workers in languages other than English?
Yes No, but are needed No, not needed
24. Are you provided with enough time by your employer to carry out health and safety activities?
Yes No Don't Know
25. Approximately how much time do you spend on workplace health and safety matters each week?
0-1 hour 1-5 hours 5-10 hours Over 10 hours
26. Have you issued a written recommendation requesting a 21-day response from your employer?
Yes No
27. If yes, was that action effective in resolving the issue?
Yes No



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28. Have you ever had to refuse unsafe work?

Yes No

29. If yes, was that action effective in resolving the issue?

Yes No Unsure

30. Have you or others in your workplace ever felt pressured by the employer/management to not raise health and safety issues?

Yes No Don't Know

31. Have you or others in your workplace been intimidated or bullied by the employer/management as a result of raising health and safety issues?

Yes No Don't Know

32. What do you find are the advantages and/or disadvantages to being a health and safety rep?

33. Are there any health and safety questions or other issues which have not been raised in this survey, which you think are important?

Yes No Don't Know

If yes, please provide details:

Thank you for your participation in our survey.



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