

Safety Perception Survey

Instructions

- Please use a #2 pencil or blue/black ink pen.
- Fill ovals completely to indicate your response.

Correct Mark 

Incorrect Marks    

Mark the appropriate code for your department:

- Office or Sales Staff Construction or Maintenance Shipping/Receiving Service

Please indicate the extent to which you agree with the following statements:

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
1. Management is more concerned about their safety record than about accident prevention.	5	4	3	2	1
2. Discipline is usually assessed when safety rules are broken.	5	4	3	2	1
3. My safety is a concern of management.	5	4	3	2	1
4. I can talk to my supervisor about my safety concerns.	5	4	3	2	1
5. I tell my supervisor about unsafe conditions.	5	4	3	2	1
6. I feel I have received adequate job safety training.	5	4	3	2	1
7. I receive safety training regularly.	5	4	3	2	1
8. I have problems obtaining support for the correction of hazards or safety problems.	5	4	3	2	1
9. My supervisor makes sure unsafe conditions are corrected.	5	4	3	2	1
10. The company's efforts encourage me to work more safely.	5	4	3	2	1
11. Safety is important.	5	4	3	2	1
12. Safety rules are enforced fairly (consistently).	5	4	3	2	1
13. My company cares about me after I have had an injury.	5	4	3	2	1
14. I know who to report an injury to at my company.	5	4	3	2	1
15. Drug tests should be given after work related accidents.	5	4	3	2	1

Thank you for your feedback!