

Employee Safety Survey Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

Think about the past month in the work area named by the organizer. All seven questions are optional. Do not enter names or identifying incident details. Use the established reporting route right away for urgent hazards or incidents; this feedback survey does not notify a safety team.

1. Which part of your work area has needed the most safety attention in the past month?

- ☐ Equipment or tools
- ☐ Work area or access route
- ☐ Work pace or staffing
- ☐ Instructions or training
- ☐ Reporting and follow-up
- ☐ Another area
- ☐ No concern noticed
- ☐ Not sure

2. When a safety procedure applies to your work, how clear are the current instructions?

- ☐ Not at all clear
- ☐ Slightly clear
- ☐ Moderately clear
- ☐ Very clear
- ☐ Extremely clear
- ☐ No procedure applies to my tasks
- ☐ I am not sure which procedure applies

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3. In the past month, how often did you have the time and equipment needed to follow the applicable procedure?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ No applicable task in this period

4. If you noticed a hazard or near miss, would you know where to report it?

- ☐ Yes, clearly
- ☐ I know part of the process
- ☐ No
- ☐ I have not seen the reporting process

5. How confident are you that a reported concern would receive a useful response?

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident
- ☐ Not sure

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6. Which kind of support would help you work more safely?

- ☐ Clearer instructions
- ☐ Equipment or maintenance
- ☐ More time or staffing
- ☐ Practice or demonstration
- ☐ Faster response to reports
- ☐ Another support
- ☐ No change needed

7. What one change should your team review first? Please avoid names or identifying incident details.
