

CPWR Health & Safety Training Survey

This survey is intended to provide information about the value of health and safety training. At no time will any respondent's identity be linked with any specific answers. Please **DO NOT** put your name on this survey.

Course: _____ Date(s): _____ Location: _____ Your Craft/Trade: _____

Are You a/an: (check one) Pre-Apprentice Instructor Apprentice Other: _____ Journey worker

In the last year, how many health and safety training courses have you attended?	0	1	2	3	4	5+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0	1	2	3	4+
Please check the box (<input checked="" type="checkbox"/>) that best describes your experience.					
1. In the last year, how often did you find an unsafe condition on your jobsite(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last year, how often did you report an unsafe condition to a foreman/supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last year, how often did you change from one task to another task because of an unsafe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last year, how often did you stop work when conditions were unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Never</i>	<i>Once in a while</i>	<i>Often</i>	<i>Most of the time</i>	<i>Always</i>	<i>N/A</i>
5. In the last year, how often were you given the PPE needed for your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last year, how often did you ask for the PPE you thought was needed for your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last year, how often were you given the Safety Data Sheet (SDS) relating to material(s) you were working with or around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the last year, how often did you ask for your workplace to be monitored (i.e., air, chemical, flammability, temperature, noise, silica, radiation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, how often did your employer, or competent person, identify the confined spaces on your job site(s) before you started work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the last year, how often did you lift more than 50 pounds without help from a co-worker or lifting equipment (dolly, cart, wheelbarrow, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last year, how often did you have to shout to be heard by someone who is working beside you (an arm's length away)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you feel that health and safety training influenced your decision(s)? Yes No

CPWR THANKS YOU VERY MUCH for your time and cooperation.