

## Culture of Safety Questionnaire

A **culture of safety** is the *shared commitment between management and employees to ensure the safety of the work environment*. The purpose of this questionnaire is to accurately assess employee's perception of the attitudes toward safety as it relates to the avoidance of work-related musculoskeletal disorders (WRMSD) in your organization. Your responses are anonymous.

**Please indicate the level to which you agree or disagree with the following statements:**

|  | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|--|----------------------|----------|-------|-------------------|
| The health and safety of workers is a top priority with upper management at this organization                |                      |          |       |                   |
| The health and safety of workers is a top priority with my direct supervisor or manager in my department     |                      |          |       |                   |
| I feel safe from work-related musculoskeletal disorders in my current work environment                       |                      |          |       |                   |
| I usually have enough time to take safety precautions to reduce my risk for WRMSD while completing my duties |                      |          |       |                   |
| I feel free to express my concerns about health and safety conditions to management                          |                      |          |       |                   |
| I know how to reduce the risks for musculoskeletal disorders in the workplace                                |                      |          |       |                   |
| I am often required to perform a task that makes me feel like I might be at risk for sustaining a WRMSD      |                      |          |       |                   |
| Others working in my department are frequently exposed to risks for WRMSD                                    |                      |          |       |                   |
| Employees have sufficient access to training on the avoidance of WRMSD                                       |                      |          |       |                   |
| I feel adequately trained on all procedures I am required to perform   |                      |          |       |                   |
| I know how to use equipment to reduce my risk for WRMSD  |                      |          |       |                   |
| The procedures and protocols in my department are effective for reducing risks for WRMSD                     |                      |          |       |                   |
| Managers and supervisors set a good example of following safe work practices                                 |                      |          |       |                   |
| Work tasks are periodically reviewed to identify potential risks for WRMSD                                   |                      |          |       |                   |
| Unsafe working conditions are corrected in a reasonable period of time                                       |                      |          |       |                   |
| I have received training from my current employer on recognizing risks, hazards and symptoms of WRMSD        |                      |          |       |                   |
| I have been instructed by my employer on how to report concerns or symptoms of WRMSD                         |                      |          |       |                   |
| I feel I can report injuries or concerns to my employer without it adversely affecting my job                |                      |          |       |                   |
| My work area is adequately staffed   |                      |          |       |                   |