

Step one: Identify hazards

Survey questions to ask employees to help you identify possible risks



Questions that identify potential psychological safety risks

1. I can make mistakes without fear that my coworkers will hold it against me.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

2. When someone makes a mistake in this team, it is often held against him or her.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

3. My co-workers welcome opinions different from their own.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

4. In this team, it is easy to discuss difficult issues and problems.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

5. In this team, people are sometimes rejected for being different.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

6. My direct manager values my ideas.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

7. People keep each other informed about work-related issues within the team.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

8. Members of this team are able to bring up problems and tough issues.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

9. People on this team reject others for being different.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

10. It is easy to ask other members of this team for help.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

11. Working with members of this team, my unique skills and talents are valued and utilised.

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

12. No one on this team would deliberately act in a way that undermines my efforts

- ☐ Strongly agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree or disagree

13. I feel free to voice concerns or make suggestions about workplace health and safety at my job.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree or disagree

14. If I notice a workplace hazard, I would point it out to management.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree or disagree

15. I know that I can stop work if I think something is unsafe and management will not give me a hard time.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree or disagree

16. If my work environment was unsafe I would not say anything, and hope that the situation eventually improves. (This answer should be reverse scored)

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree or disagree

17. have enough time to complete my work tasks safely.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree or disagree

Comments:

Questions that identify potential physical safety risks

1. Manually lift, carry or push items heavier than 20 kg at least 10 times during the day.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

2. Do repetitive movements with your hands or wrists (packing, sorting, assembling, cleaning, pulling, pushing, typing) for at least 3 hours during the day.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

3. Perform work tasks, or use work methods, that you are not familiar with.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

4. Interact with hazardous substances such as chemicals, flammable liquids and gases.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

5. Work in a bent, twisted or awkward work posture.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

6. Work at a height that is 2 metres or more above the ground or floor.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

7. Work in noise levels that are so high that you have to raise your voice when talking to people less than one metre away.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

8. Experience being bullied or harassed at work.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

9. Stand for more than two hours in a row.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Every month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> DK/NA |

Comments:

Free form answers

These questions can be helpful in gaining more detailed responses from smaller workforces.

1. What are the potential safety hazards on your construction/manufacturing site?

Here workers can identify hazards like exposed electrical wires, unstable scaffolding, malfunctioning machinery etc.

2. How likely is it that these safety hazards will occur?

Here you might like to add a probability scale (e.g., unlikely, possible, likely) to consistently assess the likelihood of each hazard.

3. What would be the potential impact of these safety hazards if they occurred?

Consider the severity of impacts such as injuries, project delays, and financial losses.

4. Do you have any existing measures to mitigate these safety hazards?

Consider current controls like safety protocols, training programs, and protective equipment.

5. How effective are the current safety measures in preventing accidents?

This all important question will evaluate the efficacy of existing measures and identify gaps that need addressing.

6. Are there any emerging risks, such as new equipment or materials, that we should be aware of?

Here workers can identify new challenges and processes which could present new hazards.

7. What resources, additional support or training would you need to address these safety hazards in order to continue safely performing your role/duties?

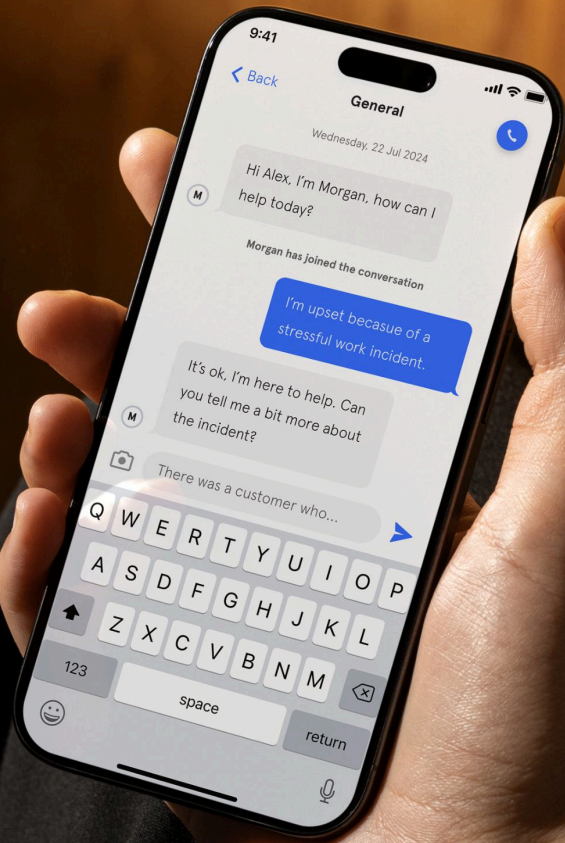
Consider resource needs such as additional PPE, safety training, or updated equipment.

8. How prepared do you feel your team is to identify these safety hazards?

Here you might like to add a preparedness scale (e.g., very prepared, somewhat prepared) to consistently assess the answers.

9. Can you suggest any improvements to our current safety and risk management practices?

Gather suggestions for improvement from employees who are directly involved in the work.



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