

Step one: Identify hazards

# Survey questions to ask employees to help you identify hazards



# Questions that identify potential psychological safety hazards

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 pyhysical safety hazards

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.*



# Protect your people. Protect your business.

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