Iowa Department of Administrative Services
Comprehensive Safety and Health Program Assessment Survey

Purpose: This survey is intended to determine your familiarity and involvement with the safety process in the Department of Administrative Services (DAS) so that we may work together to reduce the risk of injuries and illnesses.

Directions: Please answer each question to the best of your knowledge by clicking in the circle of the appropriate answer or writing your answer in the space provided on a printed copy. **Return to Safety Office/Facilities Management Center by Friday, September 19, or click on "Submit" at the end of the Survey.** Results will be available within a month and will be available on our web site at: http://das.gse.iowa.gov/safety/safety_survey.pdf. To request a copy, contact the Safety Office (Facilities Management Center), 1-0181. Thank you for taking time to help assess the implementation of our comprehensive safety program.

Questions	YES	NO	NOT SURE
1. Does DAS have a safety and health policy?	○	○	○
2. Does the DAS safety and health policy have clear goals & objectives?	○	○	○
3. Is safety a priority in DAS?	○	○	○
4. Is safety a top priority in DAS?	○	○	○
5. Is safety a priority in your enterprise?	○	○	○
6. Is safety a top priority in your enterprise?	○	○	○
7. Does DAS have an orientation process that includes safety/accident prevention?	○	○	○
8. Are you aware of the existence and activities of the DAS safety and health committee?	○	○	○
9. Do you know the name of your representative to the DAS safety and health committee?	○	○	○
10. Is the DAS Safety and Health Committee effective in improving safety?	○	○	○
11. Are you, or have you ever been, a member of a safety and health committee?	○	○	○
12. Are you ever involved in safety meetings?	○	○	○
13. Do new employees receive adequate safety training?	○	○	○
14. Do you know the location of your first aid kit?	○	○	○
15. Are you familiar with the process of reporting workplace accidents?	○	○	○
16. Are all accidents in your enterprise investigated?	○	○	○
17. Is there a procedure for reporting unsafe conditions?	○	○	○
18. Are employee requests regarding the correction of unsafe conditions acted on promptly?	○	○	○
19. Have you ever reported an unsafe condition?	○	○	○
19a. If yes, was the issue addressed to your satisfaction?	○	○	○
20. Have you received any health and safety training within the last year?	○	○	○
20a. If yes, what type of training did you receive?			
21. Have you been given enough training and information to do your job safely?	○	○	○
22. Has a fire drill been carried out in your work area within the last 12 months?	○	○	○

23. Has a tornado drill been carried out in your work area within the last 12 months?	○	○	○
24. Does your work require personal protective clothing, devices, or equipment?	○	○	○
24a. If yes, are you provided with the required clothing, devices, or equipment?	○	○	○
25. Has a job hazard analysis been conducted on the task(s) you perform?	○	○	○
26. Are you aware of your right to refuse to undertake work you consider hazardous?	○	○	○
27. Is there a good relationship between supervisors and employees?	○	○	○
28. Is management committed to accident prevention?	○	○	○
29. Does management actively demonstrate its commitment to safety and health?	○	○	○
30. Do you enjoy your job?	○	○	○
31. Is good housekeeping important for a safe workplace?	○	○	○
32. Do you conduct routine inspections of your equipment and work area?	○	○	○
33. Do situations sometimes occur where safety rules must be violated to get the work done?	○	○	○
34. Do you communicate your concerns to co-workers if you see them working unsafely?	○	○	○
35. Do supervisors recognize employees for performing work safely?	○	○	○
36. Should disciplinary action be taken to enforce safety rules?	○	○	○
37. Is DAS a safe place to work?	○	○	○
38. Is DAS fully equipped for emergencies with all systems and equipment in place and regularly tested?	○	○	○
39. Do you know your role in the event of an emergency?	○	○	○
40. Is your work area a healthy and safe environment in which to work?	○	○	○
40a. If not, what do you feel could be done to improve your work environment?			
41. Do you think DAS cares about the health and of the employees?	○	○	○
42. Are you aware of injury / illness trends, causes, and means of prevention in DAS?	○	○	○

43. To improve safety, do you think we should do more, less, or the same amount of the following safety activities:	MORE	LESS	SAME
43a. Safety talks / demos	○	○	○
43b. Employee involvement	○	○	○
43c. Safety videos	○	○	○
43d. Safety literature	○	○	○
43e. Safety training	○	○	○
43f. Recognition	○	○	○

44. What three safety and health issues, in order of importance, are of most interest to you?

1.
2.
3.

45. Please provide any additional comments and concerns that you may have.

46.	A & E Services ○	Fleet Services ○	Capitol Complex Maintenance ○	Procurement Services ○	Space and Leasing ○	**No Name is Required**

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