

SAMPLE HAZARD QUESTIONNAIRE

This is a basic all-purpose questionnaire. Yours may be more specific. For example, you may wish to cover only certain hazards or certain work areas, and ask about them in more depth.

Name (optional) _____ Date _____

Location and Department _____

Job Title _____ Years at Job _____

1. Have you ever been injured at work?

Yes No

If yes, please describe: _____

2. Have you ever had an illness that seemed related to your job?

Yes No

If yes, please describe any symptoms you have had
(for example, coughing, back pain, wrist pain, dizziness, etc.)

How did the symptoms seem related to your job?

3. Do you work around chemicals?

Yes No

If yes, chemical names: _____

4. Have you ever been trained about toxic chemicals and other hazards in your workplace?

Yes No

If yes, what kind of training did you receive, and when: _____

5. Does the air in your workplace seem clean and fresh?

Yes No

If no, please explain: _____

6. Do you use personal protective equipment (PPE) like a respirator, hard hat, or gloves, and is the PPE provided by your employer?

Yes No

If yes, please list PPE: _____

7. If you use PPE, do you always receive the right equipment, does it fit properly, and is it in good condition?

Yes No

If no, please explain: _____

8. Is the lighting in your workplace adequate?

Yes No

If no, please explain: _____

9. Is your workplace kept at a comfortable temperature, not too hot and not too cold?

Yes No

If no, please explain: _____

10. Is there too much noise in your workplace?

Yes No

If yes, please explain: _____

11. Can you keep a comfortable posture when you do your job, without too much stooping, reaching, twisting, or bending?

Yes No

If no, please explain: _____

12. Do you have to do a lot of lifting without assistance?

Yes No

If yes, please explain: _____

13. Are there fire hazards in your workplace?

Yes No

If yes, please explain: _____

14. Are there electrical hazards in your workplace?

Yes No

If yes, please explain: _____

15. Is machinery well-maintained and kept in safe condition?

Yes No

If no, please explain: _____

16. Are there conditions on your job that cause stress (pace of work, hours of work, understaffing, type of supervision, conflicting demands, etc.)?

Yes No

If yes, please explain: _____

17. Describe any other areas, conditions, or tasks in your workplace that may be hazardous.

18. Are workers discouraged in any way from reporting injuries (such as prizes offered for the number of injury-free days, workers disciplined for getting injured, etc.)?

Yes No

If yes, please explain: _____

19. Has OSHA ever conducted an inspection of your workplace?

Yes No

If yes, please explain: _____

20. What do you think is the most important health and safety improvement needed in your workplace?

21. Do you know of any coming workplace changes that might affect worker health and safety? What changes do you expect, and what problems might they cause?
