

WFA SAFETY SURVEY

2007

Due date: Friday, August 17, 2007

Note: For those with multiple facilities, you may either fill out separate surveys for each facility, being certain to maintain segregation by facility for the entire survey. Or, combine results, and fill out a single survey.

MANAGERIAL STRUCTURE / SUPPORT

What was your typical staffing level for 2006 (hrly & salaried; permanent & full-time equivalent temp)

| Response | Answer |
|---------------------|--------|
| < 25 employees | |
| 26 - 50 employees | |
| 51 - 100 employees | |
| 101 - 200 employees | |
| > 201 employees | |

How would you rate your company's safety culture?

| Response | Answer |
|--------------|--------|
| Excellent | |
| Good | |
| Satisfactory | |
| Poor | |

Does your company have a Safety Manager, or an individual clearly responsible for promoting safety?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

In addition to safety, what other areas is that person responsible for (check all that apply)

| Response | Answer |
|---------------------------------|--------|
| Plant operations | |
| Environmental | |
| Human Resources | |
| Maintenance | |
| Emergency Response/Preparedness | |
| Training | |
| Other: | |

What is the reporting structure for the safety position?

| Response | Answer |
|--------------------------|--------|
| HR Manager/Director | |
| Plant Manager/Director | |
| CEO/Owner/President/V.P. | |
| Other: | |

Does your company have a safety committee?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Does your company have a formal employee safety suggestion program?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Does your company have an ERT (emergency response team)?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Does your company have formal safety objectives and goals each year?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

What is your average annual safety budget?

| Response | Answer |
|---------------------|--------|
| \$0 - \$5,000 | |
| \$5,000 - \$10,000 | |
| \$10,000 - \$15,000 | |
| \$15,000 - \$20,000 | |
| \$20,000+ | |
| No formal budget | |

STATISTICAL DATA

What was your incidence rate in 2006?

| Response | Answer |
|-----------|--------|
| 0 - 0.9 | |
| 1.0 - 1.9 | |
| 2.0 - 2.9 | |
| 3.0 - 3.9 | |
| 4.0 - 4.9 | |
| 5.0 - 9.9 | |
| 10.0 + | |

What was your DART rate (lost-time) in 2006?

| Response | Answer |
|-----------|--------|
| 0 - 0.9 | |
| 1.0 - 1.9 | |
| 2.0 - 2.9 | |
| 3.0 - 3.9 | |
| 4.0 - 4.9 | |
| 5.0 - 9.9 | |
| 10.0+ | |

What was your workers' comp mod rate for 2006?

| Response | Answer |
|-----------|--------|
| 0 - 0.5 | |
| 0.6 - 1.0 | |
| 1.1 - 1.3 | |
| 1.4 - 1.6 | |
| 1.7 - 1.9 | |
| 2.0 - 2.5 | |

What was your yearly worker's comp costs (premium + claims) for 2006?

| Response | Answer |
|----------|--------|
| | |

What is your average cost per claim?

| Response | Answer |
|--------------------|--------|
| \$0 - \$500 | |
| \$500 - \$1,000 | |
| \$1,000 - \$2,500 | |
| \$2,500 - \$5,000 | |
| \$5,000 - \$10,000 | |
| \$10,000+ | |

How many workers' comp claims do you typically have per year?

| Response | Answer |
|-------------|--------|
| Less than 5 | |
| 5 - 10 | |
| 11 - 15 | |
| 16 - 20 | |
| 20+ | |

TRAINING / IMPLEMENTATION / MEASUREMENT

What types of training do you use (check all that apply)?

| Response | Answer |
|--|--------|
| Classroom | |
| On-the-job instructional (drills, mentoring, etc.) | |
| On-the-job observational (audits, surveys, etc.) | |
| Videos | |
| Informal peer training | |
| Other: | |

If you utilize commercial training aids (workbooks, videos, etc.), please identify them by name/brand

| Response | Answer |
|----------|--------|
| | |

What program, procedure, or activity has had the greatest positive impact on your company's safety perfor

| Response | Answer |
|----------|--------|
| | |

How is training effectiveness measured (check all that apply)?

| Response | Answer |
|-----------------------|--------|
| Quizzes/exams/tests | |
| On-the-job evaluation | |
| Safety performance | |
| Incident analysis | |
| Not measured | |
| Other: | |

Is safety part of new employee orientation?

| Response | Answer |
|-----------------|---------------|
| Yes | |
| No | |

Is safety part of temporary employee orientation?

| Response | Answer |
|-----------------|---------------|
| Yes | |
| No | |

How often do you hold meetings exclusively regarding safety

| Response | Answer |
|-------------------------|---------------|
| Weekly | |
| Monthly | |
| Quarterly | |
| Annually | |
| Randomly or When Needed | |
| Never | |

How often do you review safety information &/or performance in a meeting format

| Response | Answer |
|-------------------------|---------------|
| Weekly | |
| Monthly | |
| Quarterly | |
| Annually | |
| Randomly or When Needed | |
| Never | |

Do you have a formal safety audit program?

| Response | Answer |
|-----------------|---------------|
| Yes | |
| No | |

Who conducts the audit?

| Response | Answer |
|----------------------------------|---------------|
| Safety manager | |
| Safety committee | |
| Department manager or supervisor | |
| Other: | |

How frequently do you conduct audits?

| Response | Answer |
|-------------------------|---------------|
| Weekly | |
| Monthly | |
| Quarterly | |
| Annually | |
| Randomly or When Needed | |
| Other: | |

Who receives audit findings?

| Response | Answer |
|---------------------|--------|
| Department Managers | |
| President/CEO | |
| Plant Manager | |
| Supervisors | |
| Safety Committee | |
| Other: | |

Do you track near misses?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Do you conduct formal job safety analyses?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Do you conduct Fire/Emergency drills?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Do you use discipline for safety violations?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Do you routinely test for drug/alcohol use following an incident

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

What is the leading cause of injury at your facility?

| Response | Answer |
|--|--------|
| Training (lack of, ineffective, etc.) | |
| Supervision/management (ineffective, inadequate, etc.) | |
| Carelessness | |
| Failure to wear PPE | |
| Process/Equipment | |
| Ergonomics | |
| Other: | |

What is the most common type of injuries/incidents at your company

| Response | Answer |
|--------------------------------------|--------|
| Ergonomic/Repetitive motion | |
| Slips, trips, falls | |
| Strains/Sprains | |
| Lacerations | |
| Eye-related (burns, foreign objects) | |
| Other: | |

If you've incurred a single work comp claim > \$5000 in the past three years, what was the cause/source of t (please be specific as to the cause & type of injury. If more than one such claim occurred, please list all)

| Response | Answer |
|----------|--------|
| | |

Who's involvement is most critical to achieving the desired level of workplace safety

NOTE: This question is to be answered by the Safety Manager (or person most similar

| Response | Answer |
|----------------|--------|
| President/CEO | |
| Plant Manager | |
| Supervisors | |
| Safety Manager | |
| Other: | |

What level of involvement do your supervisors have with safety

| Response | Answer |
|--|--------|
| Extensive: Supervisors are required to conduct/assist in worksite hazard analysis, ensure physical protections, reinforce training, enforce discipline, and can explain work procedures based on the training provided to them. | |
| Significant: Supervisors have received basic training, appear to understand and demonstrate importance of worksite hazard analysis, physical protections, training reinforcement, discipline, and knowledge of work procedures. | |
| Limited: Supervisors make responsible efforts to meet safety and health responsibilities, but have limited training. | |
| None: There is no formal effort to get supervisors involved in safety and health. | |

COMPLIANCE

Have you undergone an OSHA or state workplace safety agency inspection in the last 5 yrs

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Have you been cited by OSHA or a state workplace safety agency in the past 5 yrs

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

What were you cited for (check all that apply):

| Response | Answer |
|---------------------------|--------|
| Hazard communication | |
| Electrical | |
| Machine guarding | |
| PPE | |
| Lockout/tagout | |
| Confined spaces | |
| Powered industrial trucks | |
| General Duty Clause | |

| | |
|---------------|--|
| Recordkeeping | |
| Other: | |

Have you contested an OSHA or state workplace safety agency citation

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Have you been successful when contesting an OSHA or state workplace safety agency citation

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

Have you gained approval in any of OSHA's Voluntary Protection Programs

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

INCENTIVES

Do you offer safety incentives?

| Response | Answer |
|----------|--------|
| Yes | |
| No | |

What type of safety incentives do you offer (check all that apply)

| Response | Answer |
|--|--------|
| Cash/Gift certificates | |
| Recognition | |
| Small awards or prizes (e.g. first aid kit, hat) | |
| Large awards or prizes (e.g. television, stereo) | |
| Other: | |

How are safety incentives applied (check all that apply)

| Response | Answer |
|----------------------|--------|
| Individual employees | |
| Departments/teams | |
| Company wide | |
| Other: | |

What are incentives tied to (check all that apply)

| Response | Answer |
|------------------------------------|--------|
| Safe behaviors | |
| Injuries/illnesses (occurrence of) | |
| Injuries/illnesses (lost time) | |
| Participation in safety programs | |
| Other: | |

Company name

Plant name/location (if more than one)

Date

Please return by Friday, August 17, 2007 to

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