

Safety Perception Survey

Location (District Name):

Date:

1. What is your job category?

Please check only 1 box below.

- Management – District Manager, Operation Supervisor, Route Manager, Maintenance Manager, Maintenance Supervisor, etc.
- Working Level – Driver, Helper, Mechanic, Welder, Laborer, Heavy Equipment Operator, etc.

2. Have you received Rules Book Training (Operations and/or Post Collection Rulebook)?

Please check only 1 box below.

- Yes
- No

3. What is more important to you at work?

Please check only 1 box below.

- Customer Service
- Cost Control
- Productivity
- Safety

4. What do you believe is more important to your management team at your location?

Please check only 1 box below.

- Customer Service
- Cost Control
- Productivity
- Safety

5. What level do you believe incidents (accidents/injuries) can be prevented?

Please check only 1 box below.

- All can be prevented
- Almost all can be prevented
- Many can be prevented
- Some can be prevented
- Few can be prevented

6. Do you believe that being safe on the job interferes with your productivity?

Please check only 1 box below.

- Yes
- No
- Sometimes

7. Does your location have a written safety vision statement that reflects safety beliefs or principles?

Please check only 1 box below.

- Yes
- No
- I don't know

If yes, please choose a statement below that best describes those values:

Please check only 1 box below.

- We have a safety vision statement that is up to date, well understood, and has an important influence on safety
- We have a safety vision statement that has some influence on safety
- We have a safety vision statement, but it is not used much and has little influence on safety

8. Please consider the quality of the safety rules (Rulebook) of Waste Management. Please rate the quality of those rules.

Please check only 1 box below.

- Excellent
- Good
- Satisfactory
- Poor

9. Do you follow the safety rules (Rulebook) of Waste Management?

Please check only 1 box below.

- I follow safety rules without exception
- I generally follow the safety rules
- I use the safety rules as guidelines, sometimes followed, sometimes not
- I pay little attention to safety rules

10. Do you know the 10 Life Critical Rules (LCRs)?

Please check only 1 box below.

- Yes
- No

If yes, do you violate any of the 10 Life Critical Rules (LCRs)?

Please check only 1 box below.

- Never
- Sometimes
- Often
- Always

11. Do you believe that your management team holds employees accountable through discipline for violation of safety rules?

Discipline means verbal warning, written warning, suspension, and termination.

Please check only 1 box below.

- Disciplinary action is taken for all safety rule violations
- Disciplinary action is taken only for Life Critical Rule (LCR) violations
- Disciplinary action is applied randomly and inconsistently
- Disciplinary action is rarely taken

12. Do you believe that discipline and/or retraining occurs because of an incident (accident/injury) or because of a safety rule violation?

Please check only 1 box below.

- Incident (accident/injury) only
- Safety rule violation only
- Both Incident and Safety Rule Violation

13. Can you make decisions and take action to ensure your own safety and that of others with whom you work?

If an act is unsafe, you have the power not to do it.

Please check only 1 box below.

- Fully
- Moderately
- Not Very
- Not at all

14. Indicate how much safety training to that you have received in the last 2 years?

Training includes formal training courses away from the job and organized on-the-job training. Please check only 1 box below.

- Thoroughly and extensive
- Considerable
- Some
- Not at all

15. Are safety meetings held regularly at your location?

Please check only 1 box below.

- Yes
- No

If yes, how often are the safety meetings held?

Please check only 1 box below.

- Weekly
- Every 2 Weeks
- Monthly
- Not regularly held

16. Are safety briefings conducted daily at your location?

Please check only 1 box below.

- Yes
- No

If yes, how is briefing communicated?

Please check only 1 box below.

- Verbally only
- Handouts only
- Digital messaging board/GPS
- Some of all above

17. Do you attend the safety meetings regularly?

Please check only 1 box below.

- Yes
- No

If yes, how would you rate the quality of the safety meetings?

Please check only 1 box below.

- Excellent
- Good
- Satisfactory
- Poor

18. To what extent (degree) are safety incidents (accidents/injuries) and “near” misses at your location investigated for root cause?

Please check only 1 box below.

- Incidents/”near” misses are thoroughly investigated for root cause
- Most incidents/”near” misses are investigated for root cause
- Only the most serious incidents/”near” misses are investigated for root cause
- Incidents/”near” misses are not generally investigated for root cause.

19. Do you have a Safety Recognition Program for good Safety Performance at your location?

Please check only 1 box below.

- Yes
- No

If yes, how often is good Safety Performance recognized?

Please check only 1 box below.

- Weekly
- Monthly
- Quarterly
- Annual basis

20. How do you rate the safety of the trucks/heavy equipment at your location?

Please check only 1 box below.

- Excellent
- Good
- Satisfactory
- Poor

21. How do you rate your location (facility) in terms of the way that it looks?

Please check only 1 box below.

- Excellent
- Good
- Satisfactory
- Poor

22. How informed are you with the Safety Performance (TRIR/HARR) of your location?

Please check only 1 box below.

- I know our safety goals and our present safety performance as well as how we compare to other locations
- I know our safety goals and our present safety performance but I do NOT know how we compare to other locations
- I am only generally aware of our safety goals and present safety performance
- I do NOT know our safety goals and our present safety performance

23. How do you report safety issues/concerns at your location?

Please check only 1 box below.

- Verbally to my Manager or Dispatcher
- Driver Check-in at end of day
- Complete a safety concern/action form (report)
- Some of all the above
- I do not report safety issues/concerns

24. Do you feel that your safety issues/concerns are addressed by your Management Team?

Please check only 1 box below.

- Always
- Sometimes
- Never

25. Safety concerns/issues that are reported, how are the safety concerns/issues resolution/action taken by Management communicated back to the employees at your location?

Please check only 1 box below.

- Verbally in person/or at safety meeting
- Posted in a common area
- Both of the above
- Not communicated back to the employees

26. Are OBAs (observation behavior assessment) being conducted at your location?

Please check only 1 box below.

- Yes
- No

If yes, rate the quality of the OBA (observation behavior assessment)?

Please check only 1 box below.

- Safe/Unsafe behaviors are identified and addressed in the field with you during the OBA (Quality Coaching)
- Safe/Unsafe behaviors are identified in the field, BUT the OBA is addressed with you at a later time
- Life Critical Rule (LCR) are the only rules that are identified and addressed during the OBA
- OBA process is not effective and a waste of time

27. To what extent (degree) are you personally satisfied with the safety performance at your location?

Please check only 1 box below.

- Very Satisfied
- Moderately Satisfied
- Neither Satisfied nor Dissatisfied
- Dissatisfied

Comments: