

## APPENDIX G: Worker questionnaire

Scrap Metal Recyclers: Worker Assessment



SCHOOL OF PUBLIC HEALTH

UNIVERSITY of WASHINGTON

### Department of Environmental and Occupational Health Sciences

Please answer the following questions to the best of your ability. Your answers are confidential and will not be shared with your coworkers or supervisor. You can choose not to answer specific questions. For questions about your work activities and behavior, please tell us what you actually do, not what you are supposed to do.

**Please tell us your name:**

First:

Last:

Today's Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title:

Questions 1-44 ask about exposures you might have at work, and injuries you might have had.

### Dust and/or welding fumes at work

1.	How often do you work near dust or welding fumes?	<input type="checkbox"/> Never or almost never → <i>Skip to question 5</i> <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
2.	What type of protective equipment does the company provide to protect you against dust or welding fumes at work?  <i>Check all that apply</i>	<input type="checkbox"/> None <input type="checkbox"/> Half-face or full-face respirator <input type="checkbox"/> Dust mask <input type="checkbox"/> Other _____
3.	How often do you use a respirator or dust mask when you work near dust or welding fumes?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Always or almost always
4.	Have you received training from the company on how to work safely around dust or welding fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

### Chemicals at work

5.	How often do you work with or near chemicals, acids, caustics, or solvents that you could breathe in or get on your skin?	<input type="checkbox"/> Never or almost never → <i>Skip to question 9</i> <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
6.	What type of protective equipment does the company provide to protect you from chemicals, acids, caustics, or solvents at work?  <i>Check all that apply</i>	<input type="checkbox"/> None <input type="checkbox"/> Half-face or full-face respirator <input type="checkbox"/> Dust mask <input type="checkbox"/> Gloves <input type="checkbox"/> Safety glasses or goggles <input type="checkbox"/> Coveralls <input type="checkbox"/> Apron <input type="checkbox"/> Other _____

7. <b>How often do you use protective equipment when you work with or near chemicals, acids, caustics, or solvents at work?</b>	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Always or almost always
8. <b>Have you received training from the company on how to work safely around chemicals, acids, caustics, or solvents?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

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### Traffic and moving vehicles at work

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9. <b>How often are you near moving trucks, vehicles, fork lifts, railroad cars or street traffic at work?</b>	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
10. <b>Does the company provide you with high visibility or reflective clothing, such as gloves and vests, to use at work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
11. <b>How often do you use high visibility or reflective clothing when you work near moving trucks, vehicles, fork lifts, railroad cars or street traffic?</b>	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Always or almost always
12. <b>Have you received training from the company on how to work safely around moving trucks, vehicles, fork lifts, railroad cars or street traffic?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

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### Working at heights

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13. <b>How often do you work in locations where you could fall <u>more than 4 feet (1.2 meters)</u>?</b>	<input type="checkbox"/> Never or almost never → <i>Skip to question 17</i> <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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14. What types of fall protection equipment does the company provide to protect you from falls more than 4 feet (1.2 meters)?

*Check all that apply*

- ☐ None  
☐ Fall protection harness  
☐ Safety railing  
☐ Other \_\_\_\_\_
- 

15. How often do you use fall protection equipment when you are working in locations where you could fall more than 4 feet (1.2 meters)?

- ☐ Never or almost never  
☐ Less than half the time  
☐ About half the time  
☐ More than half the time  
☐ Always or almost always
- 

16. Have you received training from the company on how to make sure you do not fall more than 4 feet (1.2 meters) at work?

- ☐ Yes  
☐ No  
☐ Don't know
- 

#### Use of machinery at work

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17. How often do you work with or near machines or equipment which could catch you or your clothing in their moving parts?

- ☐ Never or almost never  
☐ Less than half of your work days  
☐ About half of your work days  
☐ More than half of your work days  
☐ Every work day or almost every work day
- 

18. How often do you work with or near objects or equipment which could stab or cut you?

- ☐ Never or almost never  
☐ Less than half of your work days  
☐ About half of your work days  
☐ More than half of your work days  
☐ Every work day or almost every work day
- 

19. How often do you work with or near objects or equipment which could trap, squeeze or crush you?

- ☐ Never or almost never  
☐ Less than half of your work days  
☐ About half of your work days  
☐ More than half of your work days  
☐ Every work day or almost every work day
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<b>20. Do the machines and equipment you work with have <u>protective guards or other mechanisms</u> designed to prevent you from being injured?</b>	<input type="checkbox"/> Yes, all machines do <input type="checkbox"/> Some machines do, some don't <input type="checkbox"/> No <input type="checkbox"/> Don't work with machines or equipment <input type="checkbox"/> Don't know
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<b>21. Does the company have a "Lock-out/Tag-out" safety program in place for doing <u>maintenance and repairs</u> on the machines and equipment you work with?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Skip to question 24</i> <input type="checkbox"/> Don't know
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<b>22. Have you ever received training on "Lock-out/Tag-out" safety procedures?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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<b>23. How often do you follow "Lock-out/Tag-out" safety procedures when working on machinery or equipment?</b>	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day <input type="checkbox"/> I don't work on machinery or equipment
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### Ergonomics at work

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<b>24. How often do you work with your hands or elbows <u>above your shoulders</u> for more than 2 hours total per day?</b>	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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25.	How often do you work with your neck or back <u>bent and unsupported</u> for more than 2 hours total per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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26.	How often do you work while <u>kneeling</u> for more than 2 hours total per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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27.	How often do you work <u>repeating the same motion</u> with your neck, shoulders, elbows, wrists, or hands for more than 2 hours total per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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28.	How often do you lift objects weighing <u>more than 75 pounds (34 kilos)</u> once or more per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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29.	How often do you lift objects weighing <u>more than 10 pounds (4.5 kilos)</u> for more than 2 hours total per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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30.	How often do you use grinders, sanders, or other <u>vibrating</u> hand tools for more than 2 hours total per day?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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31.	Have you ever received training from the company on how to prevent ergonomic problems like sprains, strains, or back injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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### Noise at work

32. How often are you exposed to high noise at work? ☐ Never or almost never → *Skip to question 36*  
*“High noise” means louder than a noisy bar or restaurant, or loud enough that a person has to raise their voice to talk to someone 3 feet or less away.* ☐ Less than half of your work days  
☐ About half of your work days  
☐ More than half of your work days  
☐ Every work day or almost every work day
33. What type of protective equipment does the company provide to protect you from noise at work? ☐ None  
☐ Ear plugs  
☐ Ear muffs  
*Check all that apply*
34. How often do you use ear plugs or ear muffs when you are exposed to high noise at work? ☐ Never or almost never  
☐ Less than half the time  
☐ About half the time  
☐ More than half the time  
☐ Always or almost always
35. Have you received training from the company on how to prevent hearing loss from noise at work? ☐ Yes  
☐ No  
☐ Don't know

### Injuries at work

36. How many times have you been injured at work in the past year? \_\_\_\_\_ times → *If 0, skip to question 41*
37. For your worst injury at work in the past year, what type of medical care did you receive? ☐ No medical care  
☐ First aid at work  
☐ Treatment from a doctor or other healthcare professional in a clinic or office  
☐ Treatment at emergency room  
☐ Other: \_\_\_\_\_
38. How much work did you miss due to your worst injury in the past year? ☐ Did not miss any work and worked regular job  
☐ Did not miss any work but was assigned to modified or light duty  
☐ Missed work: \_\_\_\_\_ days

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39.	What <u>type of object or material</u> caused your worst injury at work in the past year?	<input type="checkbox"/> Chemicals <input type="checkbox"/> Containers <input type="checkbox"/> Furniture or fixtures <input type="checkbox"/> Machinery <input type="checkbox"/> Parts or materials <input type="checkbox"/> Persons, plants or animals <input type="checkbox"/> Structures or surfaces <input type="checkbox"/> Tools <input type="checkbox"/> Instruments and equipment <input type="checkbox"/> Vehicles <input type="checkbox"/> Other: _____
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40.	How did your worst injury at work in the past year <u>occur</u> ?	<input type="checkbox"/> Contact with objects or equipment <input type="checkbox"/> Fall <input type="checkbox"/> Bodily reaction or exertion <input type="checkbox"/> Exposure to harmful substance or environment <input type="checkbox"/> Transportation accident <input type="checkbox"/> Fire or explosion <input type="checkbox"/> Assault or violent act <input type="checkbox"/> Other: _____
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41.	How often were you <u>almost in an accident</u> at work in the past year?	<input type="checkbox"/> Never or almost never <input type="checkbox"/> Less than half of your work days <input type="checkbox"/> About half of your work days <input type="checkbox"/> More than half of your work days <input type="checkbox"/> Every work day or almost every work day
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42.	Are you required to report injuries and accidents at work to the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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43.	Would you feel comfortable refusing to do work because of unsafe working conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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44.	Have you ever refused to do any work because of safety concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Questions 45-55 ask about the Health and Safety Committee (HSC) at SMR.

45.	Are you aware of the existence of a Health and Safety Committee at your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Skip to question 59</i>
46.	Do you know who represents you on the Health and Safety Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Skip to question 48</i>
47.	What is your representative's name?	Name: _____
48.	Do you know how to report a problem to the Health and Safety Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you ever reported a problem or a safety hazard to the Health and Safety Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <i>Skip to question 52</i>
50.	Did you hear back with an answer or solution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	Was the problem corrected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
52.	How does the Health and Safety Committee communicate with you and other workers?  <i>Check all that apply</i>	<input type="checkbox"/> Through your supervisor <input type="checkbox"/> Through the Health & Safety Director <input type="checkbox"/> Safety or union meetings <input type="checkbox"/> Bulletin board <input type="checkbox"/> Newsletter or email <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know
53.	How do you become a member of the Health and Safety Committee?	<input type="checkbox"/> Don't know <input type="checkbox"/> Elected by other workers <input type="checkbox"/> Selected by management <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
54.	Have you ever participated in the Health and Safety Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

55. Do you think service in the Health and Safety Committee is...

☐ An honor or a privilege

☐ A punishment

☐ A way to get out of work

☐ A responsibility or a duty

☐ Other: \_\_\_\_\_

Questions 56-60 ask about your perceptions of the HSC at SMR. Please tell us how much you agree or disagree with each statement. Marking 1 indicates that you “strongly disagree” with the statement, 3 means you “neither agree nor disagree,” and 5 means you “strongly agree” with the statement.

	Strongly Disagree ↓		Neither agree nor disagree ↓		Strongly Agree ↓	Don't Know ↓
56. You are <u>confident</u> in the Health and Safety Committee's ability to resolve or correct issues and problems.	1	2	3	4	5	NA
57. The Health and Safety Committee is <u>effective</u> in making your workplace safer.	1	2	3	4	5	NA
58. You feel that workers are adequately represented on the Health and Safety Committee.	1	2	3	4	5	NA
59. You feel comfortable bringing safety issues and/or concerns to the Health and Safety Committee or your supervisor.	1	2	3	4	5	NA
60. Language is a <u>barrier</u> when you need to communicate safety issues and concerns to the Health and Safety Committee or your supervisor.	1	2	3	4	5	NA

Questions 61-86 ask about your working conditions. Please tell us how much you agree or disagree with each statement. Marking 1 indicates that you “strongly disagree” with the statement, 3 means you “neither agree nor disagree,” and 5 means you “strongly agree” with the statement.

**Your work**

	Strongly Disagree ↓		Neither agree nor disagree ↓		Strongly Agree ↓	Don't Know ↓
61. Your job requires working very fast.	1	2	3	4	5	NA
62. Your job requires working very hard.	1	2	3	4	5	NA
63. You are not asked to do an excessive amount of work.	1	2	3	4	5	NA

		Strongly <u>Disagree</u> ↓	2	Neither agree nor disagree ↓	3	4	Strongly Agree ↓	5	Don't Know ↓
64.	You have enough time to get the job done.	1							NA
65.	You are free from conflicting demands others make.	1							NA
66.	People you work with are competent in doing their jobs.	1							NA
67.	People you work with take a personal interest in you.	1							NA
68.	People you work with are friendly.	1							NA
69.	People you work with are helpful in getting the job done.	1							NA
70.	Your race/ethnicity is a factor in how you are treated at work.	1							NA
71.	The language you speak is a factor in how you are treated at work.	1							NA
72.	The <u>most recent</u> safety and health training you received from the company was <u>effective</u> .	1							NA
73.	Your supervisor is concerned about the welfare of those under him.	1							NA
74.	Your supervisor pays attention to what you are saying.	1							NA
75.	Your supervisor is helpful in getting the job done.	1							NA
76.	Your supervisor is successful in getting people to work together.	1							NA
77.	Your supervisor says a good word whenever he sees a job done according to the safety rules.	1							NA
78.	Your supervisor seriously considers any worker's suggestions for improving safety.	1							NA
79.	Your supervisor approaches workers during work to discuss safety issues.	1							NA
80.	Your supervisor gets annoyed with any worker ignoring safety rules, even minor rules.	1							NA
81.	Your supervisor watches more often when a worker has violated some safety rule.	1							NA
82.	As long as there is no accident, your supervisor doesn't care how the work is done.	1							NA
83.	Whenever pressure builds up, your supervisor wants you to work faster, rather than by the rules.	1							NA
84.	Your supervisor pays less attention to safety problems than most other supervisors in this company.	1							NA
85.	Your supervisor only keeps track of major safety problems and overlooks routine problems.	1							NA

		Strongly Disagree ↓		Neither agree nor disagree ↓		Strongly Agree ↓	Don't Know ↓
86.	As long as work remains on schedule, your supervisor doesn't care how this has been achieved.	1	2	3	4	5	NA

Please tell us a little bit about yourself in questions 87-96.

87.	In what year were you born?	Year: _____
88.	In what country were you born?	_____ → <i>If United States, skip to question 90</i>
89.	How many years have you lived in the United States?	_____ years
90.	What is the highest level of formal schooling you have completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> Finished high school or GED <input type="checkbox"/> Some college <input type="checkbox"/> Finished college <input type="checkbox"/> Trade/vocational school
91.	How many years have you worked in the scrap metal and recycling business?	_____ Years
92.	How many years have you worked for SMR?	_____ Years
93.	How many hours a week do you usually work at SMR?	_____ Hours/week
94.	What language do you usually speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
95.	How comfortable are you <u>speaking</u> English?	<input type="checkbox"/> Well <input type="checkbox"/> Get By <input type="checkbox"/> A little <input type="checkbox"/> Not at all
96.	How comfortable are you <u>reading</u> English?	<input type="checkbox"/> Well <input type="checkbox"/> Get By <input type="checkbox"/> A little <input type="checkbox"/> Not at all

**THANK YOU FOR COMPLETING THIS SURVEY!**