Safety Questionnaire
(Name of Department)

This form is anonymous—do not put your name on it. Please return it by (date) in the envelope provided to (name and address of the person who will collect the forms).

How would you describe your job?

A. Office professional
B. Faculty
C. Administrator
D. Farm Worker
E. Student Employee
F. Other: _____

For each of the following items, please circle the letter corresponding to your answer. If you answer "Yes" to any of the following questions, please provide a brief explanation of the problem and include any suggestions regarding how we can correct the situation.

Do we need to address any safety issues in regard to **computer use or office ergonomics**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **facilities**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **equipment and machinery**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **driving or transportation**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **overexertion, lifting, or repetitive motion**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **chemicals**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **personal safety or violence**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **first aid or emergency response**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **students, youth, volunteers or visitors**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **sharp objects such as hypodermic needles, knives, saws, etc.**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to high levels of **noise**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **dangerous heat or cold**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **slips and falls**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to hazards that affect the **eyes, skins, or lungs**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **animals**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **electricity**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **confined spaces**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No

Do we need to address any safety issues in regard to **anything else**?

A. Yes (explain and describe how we can help): _____
_____
B. Unsure
C. No