OMB	Contro	l	No.	
Expi	ration	D	ate	

## **Workplace Health Hazard Survey**

This survey is being conducted by the Centers for Disease Control and Prevention (CDC), an agency in the U.S. Department of Health and Human Services. Your answers will help CDC improve how they keep people informed about services for reducing exposure to workplace health hazards.

1.	Foo Ser	y do you work in? (Please check one) od and Beverage Manufacturing (Go to 1a) rvices to Buildings and Dwellings (Go to 1b) her (please specify:) (Go to 2)
	la. one.)	What type of food and beverage manufacturing? (Please check
	·	Meat products
		Dairy products
		Canned, frozen, and preserved fruits, vegetables and food specialties
		Grain mill products
		Bakery products
		Sugar and confectionary products
		Fats and oils
		Beverages Other (please specify:)
	1b. one.)	What type of services to buildings and dwellings? (Please check
		Pest control services
		Building cleaning and maintenance services
		Carpet and upholstery cleaning services
		Lawn and garden services
		Other (please specify:)

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of the is collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333.

2. How long have you worked in this industry? (Please check one.)

	Less than one year 1-4 years 5-9 years 10-14 years 15-or more years
3.	Overall, how many total employees work for your entire company? (Please check one.)  Less than 50 employees 50-99 employees 100-249 employees More than 250 employees
4.	In your current workplace, which of the following describe you? (Please check all that apply.)  Owner/Chief executive Salaried employee Unionized wage-earner Non-unionized wage-earner Supervisor Manager Union representative Health and Safety Committee member Industrial hygienist/Safety professional Human resources professional Other (please specify:)
5.	Are you? (Please check one.) Female Male
6.	Are you? (Please check all that apply.)  American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other
7.	Are you Hispanic/Latino? (Please check one.)YesNo

8. In your current workplace, how concerned are you about each of the following health hazards? (*To appear in random order*)

	Not at	A little	Moderate	Very
	all	concern	ly	concern
	concern	ed	concerne	ed
	ed		d	
a. Chemical hazards				
(e.g., flavorings, solvents,				
pesticides, lead, asbestos)				
b. Physical hazards				
(e.g., noise, radiation, heat, cold)				
c. Biological hazards				
(e.g., mold, infectious agents,				
blood, human waste products)				
d. Ergonomic hazards				
(e.g., repetitive motion, heavy				
lifting)				
e. Other: (please specify:				
)				

9. Do you believe that workplace health hazards in your current workplace are causing any of the following types of symptoms, diseases, disorders, or injuries to workers? (*To appear in random order*)

injuries to workers? (To appear in random order	<u> </u>		
	Yes	No	Not sure/ Don't know
a. Lung problems			
(e.g., shortness of breath, asthma, chronic			
obstructive pulmonary disease - COPD)			
b. Brain or nervous system problems			
(e.g., dizziness, numbness, headache, twitching,			
loss of nerve function)			
c. Skin conditions or diseases			
(e.g., rash, eczema, contact dermatitis, oil acne,			
friction blisters)			
d. Muscle and bone injuries that occur from a			
one-time event			
(e.g., muscle strain, broken bone)			
e. Muscle and bone conditions that develop over			
time			
(e.g., lower back pain, carpal tunnel syndrome)			
f. Reproductive system problems			
(e.g., infertility, menstrual cycle disruption)			
g. Heart problems			
(e.g., chest pain, irregular heart beat, heart			
palpitations, high blood pressure)			
h. Immune system problems			
(e.g., allergies, lupus, inflammation)			
i. Mental health and stress-related problems			
(e.g., depression, anxiety, chronic fatigue,			
insomnia, irritability, post-traumatic stress			
disorder)			
j. Cancer			
k. Hearing loss			
I. Other: (please specify:)			

LO. Have you ever heard of the Health Hazard Evaluation (HHE) Program?
Yes [continue to Q11]
No [go to HHE definition on page 5]

If yes:					
— of the Center	tute for Oc s for Disea Safety and ent of Labo tutes of He d Drug Adn	cupationa se Control d Health A or (DOL) ealth (NIH)	Safety and H and Prevention dministration	n (CDC	<b>(</b> )
12. Have you ever? (Chec Looked for info Visited the HH Submitted a re Participated in Received or re Seen HHE mat Seen or read i	ormation a E Program equest for a an HHE vi ead materia erials disp	bout the H website? an HHE? sit to your als from th layed or m	HE Program? workplace? e HHE Progran nade available	n? in your	
Text to appear for all respon	ndents				
A Health Hazard Evaluat It can be requested by e It is done to learn wheth or harmful conditions ar protected. An HHE is con Occupational Safety and Control and Protection (of Personal information fro NIOSH investigators, and requested, NIOSH will no persons who made the re	employees, per workers ad provides aducted by I Health (N CDC), an a m records, d individua ot reveal to	employers are exposed information the Nation IOSH) of the question I medical	s, or union reposed to hazardo on on how wor nal Institute for ne Centers for he federal gov naires, intervie results are pro	oresenta ous mat rkers ca or Diseas rernmen ws with otected.	etives. Terials an be e nt. I
[Continue to Q13]					
For all to answer:	no arro ma 1911	. <b></b>	Drograms 2 /T		
13.How important is it that a pr order)	Not at	A little	Moderately	Very	Not
	all			,	sure/

\_\_ Not sure/don't know [go to HHE definition on page 5]

			know
a. Provides an objective and scientific evaluation of health hazards			
b. Is conducted by an agency of the federal government			
c. Not reveal to employers the names of those requesting an HHE without their consent			
d. Provides protection under the law to employers such as protecting trade secrets			
e. Provides protection under the law to employees such as protecting whistleblowers			
f. Helps employees, employers, and unions recognize hazards in the workplace			
g. Works to improve worker health and safety			
h. Cannot punish or regulate employers			
i. Helps employers reduce hazards in the workplace			
j. Provides materials in languages other than English (please specify languages:)			

14. Please indicate whether each of the following factors would make you more or less likely to request an HHE. (*To appear in random order*)

	Much less likely	Somewhat less likely	Neither less nor more likely	Somewhat more likely	Much more likely
a. Federal government employees might visit the workplace					

b. There would be no					
charge to the workplace					
for conducting the HHE					
c. Production processes or					
employee work practices					
might be observed and					
photographed					
d. Air and surface samples					
may be collected					
e. Employees might be					
interviewed					
f. Medical tests or physical					
examinations of employees					
might be performed					
g. Injury and illness					
records could be reviewed					
h. It could be expensive to					
correct or remove the					
hazard					
i. Employees will not be					
punished for discussing or					
revealing the hazard					
j. Employee illness due to a					
workplace hazard could be					
determined					
k. Suggestions or options					
for correcting safety and					
health issues could be					
received					
I. Worker compensation					
costs or claims could be					
reduced					
m. Health hazards in the					
workplace may be reduced					
n. A healthier workplace					
could be created					
o. Worker health and					
productivity might be					
improved	<u> </u>				
p. A report with the name					
of a company evaluated in					
an HHE could be published					
15 Miliah af tha fallandara		. <b>c</b> l			
15. Which of the following w					
employees to learn more ab	out the HH	= Program? (Cl	neck all th	at apply.) (10	appear
in random order)	an fact ob a	ste or flyers			
a. Une-pa	ge fact shee	blote			
b. Brochu			in the west	vnlaco	
		ms to display ons by HHE sta		chiace	
e. Toll-free		nis by tille sta	111		
	dio advertis	ements			
	aper articles				
g. Newspe		1			

	h. Web pages or Web i. Teleconferences or o j. Presentations or dis k. Magazine or journa l. Video, DVD, or on-lin m. Other (please spec	conference plays at pr l articles ne video cl	ofessional a ips	ssociations or	meetings			
16	16. How likely are you to use workplace health and safety information in each of the following formats? (To appear in random order)							
		Not at all likely	A little likely	Moderatel y likely	Very likely			
	<ul><li>a. Printed or hard copy materials</li><li>b. Web sites, electronic files, or PDFs</li></ul>							
1.7	How often do you use the following		cos for work	alasa baalth ar	od safaty			
	17. How often do you use the following resources for workplace health and safety nformation? (To appear in random order)							
		Never	Rarely	Occasionall	Often			

a. Business or trade organizations/

b. Occupational safety and health organizations/ associations (please specify:

c. Medical or occupational safety

periodicals (please specify:

n order) ns/associations rofessionals	orkplace
	oformation on won order)  ns/associations rofessionals  es es, TV or radio)

## Thank you for completing this survey.

To learn more about the National Institute for Occupational Safety and Health (NIOSH)
Health Hazard Evaluation (HHE) Program
please visit
<a href="http://www.cdc.gov/niosh/hhe/default.html">http://www.cdc.gov/niosh/hhe/default.html</a>

or call