

**Attachment H-2:  
Occupational Safety and Health Program Evaluation Survey Year 2**

**NOTE: All Year 2 respondents will answer the same Questions 1-65 from Year 1 (Attachment H-1).**

**If the Year 2 respondent is the same person as Year 1, the respondent will then answer questions A-D:**

**Question A: Do you have a new role in your company since you last completed this survey?**

- Yes  
 No → Skip to question C

**Question B: What is your new role within your company? \_\_\_\_\_**

**Question C: In the past 12 months has...**

	Yes	No	Don't know
...your workplace had a fatality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace had a catastrophic injury which made return to work improbable for the injured employee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace received a visit from an OSHA consultant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace had a consultation with a BWC safety consultant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace had a consultation with a BWC ergonomist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace had a consultation with a BWC industrial hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace had a consultation with a private occupational safety & health consultant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...personnel in your workplace participated in occupational safety & health initiatives through business associations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...personnel in your workplace participated in other Occupational Safety and Health initiatives arising external to your workplace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your workplace conducted any wellness activities (i.e. fitness activities, smoking secession, health and fitness support)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...your work place participated in the Ohio Bureau of Workers' Compensation (BWC) Industry-Specific Safety Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b><u>If Yes answer question below:</u></b>		
...your workplace participated in any of the other BWC Destination: Excellence Programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question D: Have any major changes occurred at your company in the past year that may have impacted Occupational Safety and Health? \_\_\_\_\_**

**If the Year 2 respondent is a different person from Year 1, the respondent will then answer questions C,D (above) and questions E-I:**

**E: What is your role within your company?**

- Owner/CEO/President/Senior Management (VP)
- Manager
- Supervisor
- Lead Worker
- Professional Staff
- Skilled/Trades Staff
- Administrative Staff
- Worker

**F: How long have you been working at your company?**

- Less than 1 year
- 1 to 5 years
- More than 5 years

**G: Have you been working as a Health and Safety professional for your company?**

- Yes
- No → Skip H

**H: How long have you been working in a Health and Safety role for your company?**

- Less than 1 year
- 1 to 5 years
- More than 5 years

**I: Are you...**

- Female?
- Male?