

**Attachment C**  
**Mine Worker Survey**

**Mine Worker Survey** - The purpose of these questions is to try to understand what you think has the biggest impact on health and safety at this operation. Please think about a typical work week when responding.

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/20xx

- Mark your answers directly on the answer sheet by filling in the box.
- Return your survey and answer sheet to us when you are done.

To protect your identity:

- Your supervisors will not see your individual responses.
- These forms will not be made available to any management personnel.
- We will combine the data from everyone into larger groups to describe the results.

**Please mark the number below each statement or question that best describes your opinion using the following scale.**

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
<b>When I'm at work I...</b>	1	2	3	4	5	6
<ul style="list-style-type: none"> <li>• go out of my way to address potential hazards.</li> <li>• voluntarily carry out tasks that help improve workplace health/safety (H/S).</li> <li>• make suggestions to improve how H/S is handled.</li> <li>• try new things to improve workplace H/S.</li> <li>• try to solve problems in ways that reduce H/S risks.</li> <li>• don't take risks that could result in an accident.</li> <li>• use all necessary H/S equipment to do my job.</li> <li>• use the correct H/S procedures for carrying out my job.</li> <li>• always report all health/safety-related incidents.</li> </ul>	1	2	3	4	5	6
<b>When doing my job...</b>	1	2	3	4	5	6
<ul style="list-style-type: none"> <li>• I can pretty much achieve whatever I set out to achieve.</li> <li>• I can do something if I am unhappy about a decision that affects me.</li> <li>• I can stay healthy/safe if I take the right actions.</li> <li>• most of the problems that I experience are completely 'out of my hands.'</li> <li>• I am always thorough.</li> <li>• I can be somewhat careless with my work tasks.</li> <li>• I am a reliable worker.</li> <li>• I work until my task is finished.</li> <li>• I know when to seek help during a difficult task.</li> <li>• I do not take risks with my safety/ health.</li> <li>• I take risks regularly.</li> <li>• safety comes first.</li> <li>• I like not knowing what is going to happen.</li> </ul>	1	2	3	4	5	6
<small>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 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 this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).</small>						
<b>As far as day to day work...</b>	1	2	3	4	5	6

<ul style="list-style-type: none"> <li>• H/S rules and procedures are sometimes ignored.</li> <li>• it doesn't matter how the work is done as long as there are no accidents.</li> <li>• I often have impossible production pressures.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>My supervisor...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
<ul style="list-style-type: none"> <li>• tries to help me do my job as safely as possible.</li> <li>• helps me if I have a health/safety (H/S) problem at work.</li> <li>• doesn't notice if I do my job safely.</li> <li>• reminds me to follow H/S work rules.</li> <li>• closely monitors my H/S work practices.</li> <li>• takes action if I don't follow H/S work practices.</li> <li>• clearly explains health/safety (H/S) rules to me.</li> <li>• regularly informs me of work hazards specific to my job.</li> <li>• encourages communication about H/S problems.</li> <li>• I am satisfied with my supervisor.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>Everyone in my work crew...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
<ul style="list-style-type: none"> <li>• has confidence in each other to work safely.</li> <li>• helps each other with H/S problems at work.</li> <li>• informs each other about potential work place H/S hazards.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>When it comes to the health and safety rules and procedures in place at this operation...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
<ul style="list-style-type: none"> <li>• they are used the same for all employees.</li> <li>• I can question the rules and procedures that influence my work.</li> <li>• my supervisor makes sure that our concerns are heard before making any new rules or procedures.</li> <li>• I am involved in improving H/S rules and procedures.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>I know how to...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
<ul style="list-style-type: none"> <li>• use health/safety (H/S) equipment to follow standard work procedures.</li> <li>• maintain or improve workplace H/S.</li> <li>• reduce the risk of safety accidents and health incidents at my job.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>It is important to...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
<ul style="list-style-type: none"> <li>• maintain work place H/S at all times.</li> <li>• reduce the risk of work place safety accidents and health incidents.</li> <li>• maintain or improve my personal H/S.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
<b>When it comes to health and safety training...</b>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		

<ul style="list-style-type: none"> <li>the organization provides enough training for me to do my job.</li> <li>it helps me to do my job as healthy/safely as I can.</li> <li>it is not a priority here.</li> </ul>	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

<b>In general I think that...</b> <ul style="list-style-type: none"> <li>tried and tested ways of doing things are usually the best.</li> <li>there is no need to change things unless there is a problem.</li> <li>I can handle any changes that come along.</li> <li>changes in my work routine keeps my job interesting.</li> </ul>	<b>Strongly Disagree</b>			<b>Strongly Agree</b>		
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

<b>Over the last 6 months on your job how often were you...</b> <ul style="list-style-type: none"> <li>Involved in a near miss?</li> <li>Injured requiring first aid treatment?</li> <li>Injured requiring medical treatment beyond first aid?</li> <li>Injured severe enough that it resulted in lost time from work?</li> </ul>	<b>Never</b>	<b>Once</b>	<b>Two times</b>	<b>Three times</b>	<b>Four times</b>	<b>+ Five times</b>
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

**Demographic Items (circle or check item)**

<ul style="list-style-type: none"> <li>Age</li> <li>Are you:</li> <li>Are you:</li> <li>Time in current job:</li> <li>Time in mining industry:</li> <li>Time with current company:</li> <li>Work group:</li> <li>Average work start time:</li> <li>Work schedule:</li> <li>Family mining history:</li> <li>Education level:</li> <li>Marital status:</li> <li>Children:</li> <li>Children in these ranges:</li> <li>In general, drowsiness at work:</li> </ul>	18-24	25-34	35-44	45-54	55-64	65-74	75 +			
	Male		Female							
	Hourly		Salary							
	0-3 mths		3-6 mths		6-12 mths		1-5 yrs		5 + yrs	
	0-3 mths		3-6 mths		6-12 mths		1-5 yrs		5 + yrs	
	0-3 mths		3-6 mths		6-12 mths		1-5 yrs		5 + yrs	
	Production		Maintenance		Safety		Engineering		Other	
	6 am – 9:59 am		10 am – 1:59 am		2pm – 5:59 am		6 pm- 9:59pm		10 pm – 2 am- 5:59 am	
	Start at the same time every day				Rotate between different starting times					
	First generation miner				Multi-generation miner					
	Less than high school		High school		Associate Degree/ Trade certificate		Bachelor's degree		Master's degree	
	Married/Domestic partnership		Divorced		Widowed		Separated		Single, never been married	
	Yes		No							
	Less than 5 years old		5 through 12 years old		13 through 17 years old		18 or older			
	Extremely tired		Tired		Somewhat tired		Somewhat awake		Wake	

**Thank you for your participation in this survey.**