**Attachment C**

**Pre/Post Mine Worker Survey**

**Pre/Post 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

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

|  |
| --- |
|  |
| **When I’m at work I…** | **Strongly Strongly****Disagree Agree** |
| * go out of my way to address potential hazards.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * voluntarily carry out tasks that help improve workplace health/safety (H/S).
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * make suggestions to improve how H/S is handled.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * try new things to improve workplace H/S.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * try to solve problems in ways that reduce H/S risks.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * don’t take risks that could result in an accident.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * use all necessary H/S equipment to do my job.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * use the correct H/S procedures for carrying out my job.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * always report all health/safety-related incidents.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **When doing my job...** | **Strongly Strongly****Disagree Agree** |
| * I can pretty much achieve whatever I set out to achieve.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I can do something if I am unhappy about a decision that affects me.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I can stay healthy/safe if I take the right actions.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * most of the problems that I experience are completely ‘out of my hands.’
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I am always thorough.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I can be somewhat careless with my work tasks.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I am a reliable worker.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I work until my task is finished.
* I know when to seek help during a difficult task.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I do not take risks with my safety/ health.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I take risks regularly.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * safety comes first.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I like not knowing what is going to happen.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| 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). |
|  |
| **As far as day to day work…** | **Strongly Strongly****Disagree Agree** |
| * H/S rules and procedures are sometimes ignored.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it doesn’t matter how the work is done as long as there are no accidents.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I often have impossible production pressures.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **My supervisor…** | **Strongly Strongly****Disagree Agree** |
| * tries to help me do my job as safely as possible.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * helps me if I have a health/safety (H/S) problem at work.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * doesn’t notice if I do my job safely.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * reminds me to follow H/S work rules.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * closely monitors my H/S work practices.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * takes action if I don’t follow H/S work practices.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * clearly explains health/safety (H/S) rules to me.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * regularly informs me of work hazards specific to my job.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * encourages communication about H/S problems.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I am satisfied with my supervisor.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **Everyone in my work crew…** | **Strongly Strongly****Disagree Agree** |
| * has confidence in each other to work safely.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * helps each other with H/S problems at work.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * informs each other about potential work place H/S hazards.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **When it comes to the health and safety rules and procedures in place at this operation…** | **Strongly Strongly****Disagree Agree** |
| * they are used the same for all employees.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I can question the rules and procedures that influence my work.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * my supervisor makes sure that our concerns are heard before making any new rules or procedures.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I am involved in improving H/S rules and procedures.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **I know how to…** | **Strongly Strongly****Disagree Agree** |
| * use health/safety (H/S) equipment to follow standard work procedures.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * maintain or improve workplace H/S.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * reduce the risk of safety accidents and health incidents at my job.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **It is important to…** | **Strongly Strongly****Disagree Agree** |
| * maintain work place H/S at all times.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * reduce the risk of work place safety accidents and health incidents.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * maintain or improve my personal H/S.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **When it comes to health and safety training…** | **Strongly Strongly****Disagree Agree** |
| * the organization provides enough training for me to do my job.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it helps me to do my job as healthy/safely as I can.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it is not a priority here.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **In general I think that…** | **Strongly Strongly****Disagree Agree** |
| * tried and tested ways of doing things are usually the best.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * there is no need to change things unless there is a problem.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I can handle any changes that come along.
* changes in my work routine keeps my job interesting.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **Over the last 6 months on your job how often were you…** | **Never** | **Once** | **Two times** | **Three times** | **Four times** | **+ Five times** |
| * Involved in a near miss?
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * Injured requiring first aid treatment?
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * Injured requiring medical treatment beyond first aid?
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * Injured severe enough that it resulted in lost time from work?
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **Demographic Items (circle or check item)** |
| * Age
 | 18-24 | 25–34 | 35–44 | 45–54 | 55–64 | 65–74 | 75 + |
| * Are you:
 | Male | Female |  |
| * Are you:
 | Hourly | Salary |  |
| * Time in current job:
 | 0–3 mths  | 3–6 mths  | 6–12 mths  | 1-5 yrs  | 5 + yrs |
| * Time in mining industry:
 | 0–3 mths  | 3–6 mths  | 6–12 mths  | 1-5 yrs  | 5 + yrs |
| * Time with current company:
 | 0–3 mths  | 3–6 mths  | 6–12 mths  | 1-5 yrs  | 5 + yrs |
| * Work group:
 | Production | Maintenance | Safety | Engineering | Other |
| * Average work start time:
 | 6 am – 9:59 am | 10 am – 1:59 am | 2pm – 5:59 am | 6 pm-9:59pm | 10 pm – 1:59 am |  2 am- 5:59 am |
| * Work schedule:
 | Start at the same time every day | Rotate between different starting times |
| * Family mining history:
 | First generation miner | Multi-generation miner |
| * Education level:
 | Less than high school | High school | Associate Degree/Trade certificate | Bachelor’s degree | Master’s degree |
| * Marital status:
 | Married/Domestic partnership | Divorced | Widowed | Separated | Single, never been married |
| * Children:
 | Yes | No |  |  |  |
| * Children in these ranges:
 | Less than 5 years old | 5 through 12 years old | 13 through 17 years old | 18 or older |  |
| * In general, drowsiness at work:
 | Extremely tired | Tired | Somewhat tired | Somewhat awake | Wake | Wide awake |

The following questions concern your Continuous Personal Dust Monitor (CPDM). There are several reasons why you may or may not want to utilize your CPDM to manage your respirable dust exposure. Different people have different reasons for participating in health-related behaviors, and we want to know how true each of these reasons is for you. There are three groups of items. The items pertain to the sentence that begins each group. **Please indicate how true each reason is for you using the following scale:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not true at all | **1** | **2** | **3** | **4** | **5** | **6** | Very true |
| 1. **I will participate actively in utilizing my CPDM to lower my exposure to respirable dust because…**
 | **Not true Veryat all true**  |
| * I feel like it’s a good way to improve my skills and my understanding of exposure to respirable dust.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * others would think badly of me if I didn’t.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * learning to utilize my CPDM is an important part of being a coal miner.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I would feel bad about myself if I didn’t utilize my CPDM.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **I am likely to follow my supervisor’s/organization’s suggestions for utilizing my CPDM because…** | **Not true Veryat all true**  |
| * I would receive praise if I do what is suggested.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I believe my supervisor’s/organization’s suggestions will help me better utilize my CPDM.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I want others to think I am a safe worker.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it’s easier to do what I’m told than to think about it.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I would probably feel guilty if I didn’t comply with my supervisor’s/organization’s suggestions.
 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |
| **I will continue to use my CPDM because…** | **Not true Veryat all true**  |
| * it’s good to try to improve my health.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * I would feel proud if I continued to lower my exposure to respirable dust.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it’s hard to identify sources of respirable dust.
 | 1 | 2 | 3 | 4 | 5 | 6 |
| * it’s helpful to use my CPDM to identify my main sources of respirable dust.
 | 1 | 2 | 3 | 4 | 5 | 6 |

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