**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? | ⃝ | ⃝ | ⃝ |
| …your workplace had a catastrophic injury which made return to work improbable for the injured employee? | ⃝ | ⃝ | ⃝ |
| …your workplace received a visit from an OSHA consultant? | ⃝ | ⃝ | ⃝ |
| …your workplace had a consultation with a BWC safety consultant? | ⃝ | ⃝ | ⃝ |
| …your workplace had a consultation with a BWC ergonomist? | ⃝ | ⃝ | ⃝ |
| …your workplace had a consultation with a BWC industrial hygienist? | ⃝ | ⃝ | ⃝ |
| …your workplace had a consultation with a private occupational safety & health consultant? | ⃝ | ⃝ | ⃝ |
| …personnel in your workplace participated in occupational safety & health initiatives through business associations? | ⃝ | ⃝ | ⃝ |
| …personnel in your workplace participated in other Occupational Safety and Health initiatives arising external to your workplace? | ⃝ | ⃝ | ⃝ |
| …your workplace conducted any wellness activities (i.e. fitness activities, smoking secession, health and fitness support)? | ⃝ | ⃝ | ⃝ |
| …your work place participated in the Ohio Bureau of Workers’ Compensation (BWC) Industry-Specific Safety Program? | ⃝ | ⃝ | ⃝ |
|  | **If Yes answer question below:** | | |
| …your workplace participated in any of the other BWC Destination: Excellence Programs? | ⃝ | ⃝ | ⃝ |

**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?