

Oil and Gas Workers Safety and Health Survey

Module 1 (M1)- General

Demographic Characteristics

1.1. How old are you?

Age: _____

1.2. What is your gender?

- Male
- Female

1.3. Do you consider yourself to be Hispanic or Latino?

- Yes
- No
- Don't know

1.4. What race or races do you consider yourself to be?

Please select the ones which best describe you.

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian

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1.5. What is the highest level of education you have completed?

- 8th grade or less
- 9th-12th grade (no diploma)
- GED or equivalent
- High school graduate (diploma)
- Some college (no degree)
- Associate degree
- Bachelor's degree or higher
- Don't know

1.6. What state do you currently work in?

State: _____

1.7. What state do you consider your home?

State: _____

Worker Information, Schedule, Commuting

1.8. How long have you worked in the land-based oil and gas extraction industry?

Years: _____

Months: _____

1.9. What is your occupation or job title?

Occupation/Job Title: _____

1.10. Which of these reflect your day to day work schedule?

- Day shift (around 7am-7pm)
- Evening/night shift (around 7pm-7am)
- Rotating shift (days and nights)
- Normal business hours (around 8a-5p)
- Other (*please specify*): _____

1.11. What is your current rotation? that is, how many days on, days off?

_____ Days On _____ Days off

1.12. How many hours do you typically work in a day including overtime?

Hours: _____

1.13. How many days per month do you typically work?

Days: _____

1.14. On days when you are working, where do you go in your off time to eat, sleep and rest?

- Home → Go to 2.16
- Man-camp
- Hotel
- Other (please specify): _____

1.15. When you started your last rotation, how long did it take to get from home to the place you work?

Hours: _____

1.16. On average, how much time do you spend traveling to and from your work site each day when you are on-duty?

Hours: _____

Minutes: _____

Company Information

1.17. What type of company do you work for?

- Drilling contractor
- Well servicing company
- Operator
- Other (please specify): _____
- Don't know

1.18. About how many employees does your company have?

- Less than 10
- 10-19
- 20-99
- 100 or more
- Don't know

Health and Personal Habits

1.19. Have you ever been told by a doctor or other health professional that you had...

Angina or coronary heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

High blood pressure or hypertension	• Yes	• No	• Don't know
High cholesterol	• Yes	• No	• Don't know
Diabetes	• Yes	• No	• Don't know
Lung Disease <i>(including obstructive lung disease or chronic lower respiratory disease)</i>	• Yes	• No	• Don't know
Chronic bronchitis	• Yes	• No	• Don't know
Emphysema	• Yes	• No	• Don't know
Silicosis	• Yes	• No	• Don't know
Pneumothorax	• Yes	• No	• Don't know

1.20. Have you ever been told by a doctor or other health professional that you had cancer?

- Yes
- No

→ Go to [2.22](#).

1.21. What kind of cancer was it and how old were you when you were diagnosed?

Please check and specify age diagnosed for all that apply.

- Bladder Age diagnosed: _____
- Blood Age diagnosed: _____
- Bone Age diagnosed: _____
- Brain Age diagnosed: _____
- Breast Age diagnosed: _____
- Cervical Age diagnosed: _____
- Colon Age diagnosed: _____
- Esophageal Age diagnosed: _____
- Gallbladder Age diagnosed: _____
- Renal (kidney) Age diagnosed: _____
- Larynx(windpipe) Age diagnosed: _____
- Leukemia Age diagnosed: _____
- Liver Age diagnosed: _____

- | | |
|------------------------------------|----------------------|
| • Lung | Age diagnosed: _____ |
| • Lymphoma | Age diagnosed: _____ |
| • Melanoma | Age diagnosed: _____ |
| • Mouth, tongue, or lip | Age diagnosed: _____ |
| • Ovarian | Age diagnosed: _____ |
| • Pancreatic | Age diagnosed: _____ |
| • Prostate | Age diagnosed: _____ |
| • Rectal | Age diagnosed: _____ |
| • Skin (non-melanoma) | Age diagnosed: _____ |
| • Skin (not sure what kind) | Age diagnosed: _____ |
| • Soft tissue (muscle or fat) | Age diagnosed: _____ |
| • Stomach | Age diagnosed: _____ |
| • Testicular | Age diagnosed: _____ |
| • Pharynx (throat) | Age diagnosed: _____ |
| • Thyroid | Age diagnosed: _____ |
| • Uterine (Endometrial) | Age diagnosed: _____ |
| • Blood | Age diagnosed: _____ |
| • Other (<i>please specify</i>): | Age diagnosed: _____ |

1.22. During the past 30 days, have you used any prescription drugs not prescribed to you by a doctor?

- Yes
- No

1.23. How often do you currently use tobacco products including cigarettes, chewing tobacco, electronic vaping products, etc.?

- Everyday
- Somedays
- Not at all

Sleep

1.24. On average, how many hours of sleep do you get in a 24-hour period on days you are working? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

Hours: _____

- Don't know

1.25. Is this sleep usually continuous or broken up? For example, if you had slept for 8 hours, was that 8 uninterrupted hours or was it broken up with work?

- Continuous
- Broken-up

Module 2 (M3)- Wellsite Work

Training

2.1. In the past year, have you received training or information related to any of the following topics?

Your job duties	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
First aid	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Use of personal protective equipment	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Emergency action plans	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Confined space	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Hazard recognition and assessment	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Hazard communication	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Stop work authority	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Safety data sheets	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Lock out/tag out procedures	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Job hazard analysis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
Other trainings (<i>please specify</i>): _____			

2.2. Do you think you were trained well enough to do your job safely?

- Yes
- No
- Don't know

2.3. Have you ever received formal classroom training in SafelandUSA?

- Yes, 0-12 months ago
- Yes, 12+ months ago
- No
- Don't know

Safety Culture

2.4. Does your company offer safety awards/incentives?

- Yes
- No
- Don't know

2.5. Does your company offer production bonuses?

- Yes
- No
- Don't know

2.6. Have you or your crew ever not reported an injury/incident because it would prevent you from receiving a safety or injury free bonus?

- Yes
- No
- Don't know

2.7. Does your company have a safety program, written policies, rules or guidelines regarding workplace safety?

- Yes
- No
- Don't know

2.8. Does your company have a program for workers who are new to the oilfield, such as mentoring?

- Yes
- No
- Don't know

2.9. Does your company have a 'Lone Worker' program for the safety of workers who work alone?

- Yes
- No
- Don't know

2.10. Does your company have limits on the maximum amount of time that you can work in a day?

- Yes
- No → Go to [3.12](#).
- Don't know

2.11. What is the maximum number of hours? _____ hours

2.12. In your current job, how often do you have to work beyond this maximum number of hours?

- Rarely/Never (once a year or less)
- A few times a year
- Monthly
- Weekly
- Several times a week

2.13. Does your company ever provide transport for crews to and from well sites in the area where your work?

- Yes
- No
- Don't know

2.14. Does your company conduct daily task-specific Job Hazard Analysis/Job Safety Analysis or something similar?

- Yes
- No
- Don't know

2.15. What do you think about these statements relating to worker safety at your current company?

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
Safety is given a high priority by management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that it is important to maintain safety at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use the correct safety procedures for carrying out my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put in extra effort to improve the safety of the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment (PPE)

The following are a similar set of questions for several types of PPE.

2.16.



Hardhat

a) Do you think you **need** a hardhat to do any of your job tasks? Yes No

b) Does your employer **require** you to wear a hardhat to do any of your job tasks?

Yes

No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

c) Does your employer **provide** you with a hardhat? Yes No

d) How often do you **wear** your hardhat when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always
- Not needed for my job

2.17.



Hearing Protection

a) Do you think you **need** hearing protection to do any of your job tasks? Yes No

e) Does your employer **require** you to wear hearing protection to do any of your job tasks?
 Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

b) Does your employer **provide** you with hearing protection? Yes No

c) How often do you **wear** hearing protection when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always
- Not needed for my job

2.18.



Gloves

a) Do you think you **need** gloves to do any of your job tasks? Yes No

b) Does your employer **require** you to wear gloves to do any of your job tasks?
 Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.

c) Does your employer **provide** you with gloves? Yes No

d) How often do you **wear** your gloves when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always :
- Not needed for my job

2.19.



Flame Resistant (FR) Clothing

a) Do you think you **need** FR clothing to do any of your job tasks? Yes No

b) Does your employer **require** you to wear FR clothing to do any of your job tasks?

Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

c) Does your employer **provide** you with FR clothing? Yes No

d) How often do you wear your FR clothing when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always
- Not needed for my job

2.20.



Fall Protection Equipment

a) Do you think you **need** fall protection equipment to do any of your job tasks?

Yes No

b) Does your employer **require** you to wear fall protection equipment to do any of your job tasks?

Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

c) Does your employer **provide** you with fall protection equipment? Yes No

d) How often do you **wear** your fall protection equipment when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always
- Not needed for my job

3.16



Multi Gas Monitor (CO, O₂, LEL, H₂S)

a) Do you think you **need** a multi gas monitor to do any of your job tasks? Yes No

e) Does your employer **require** you to wear a multi-gas monitor to do any of your job tasks?
 Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

b) Does your employer **provide** you with a multi gas monitor? Yes No

c) How often do you **wear** your multi gas monitor when it is needed or required for safety?

- Never → Go to 3.18.
- Some of the time
- Most of the time
- Always
- Not needed for my job → Go to 3.18.

d) Did you receive training on your multi gas monitor? This would include information on calibration, what to do when it alarms, and the limitations. Yes No

2.21. If you use a multi gas monitor at work, go to 3.20. Otherwise, please answer these questions about an H₂S monitor.



Hydrogen Sulfide (H₂S) Monitor

a) Do you think you **need** an H₂S monitor to do any of your job tasks? Yes No

b) Does your employer **require** you to wear an H₂S monitor to do any of your job tasks?
 Yes No

- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

c) Does your employer **provide** you with an H₂S monitor? Yes No

d) How often do you **wear** your H₂S monitor when it is needed or required for safety?

- Never
- Some of the time
- Most of the time
- Always
- Not needed for my job

2.22.

2.23.



Respirator

a) Do you think you **need** a respirator to do any of your job tasks? Yes No

b) Does your employer **require** you to wear a respirator to do any of your job tasks? Yes No

- I do think I need a hardhat and my employer does require me to wear a hardhat.
- I do think I need a hard, but my employer does not require me to wear a hardhat.
- I do not think I need a hard hat, but my employer does require me to wear a hardhat.
- I do not think I need a hard hat and my employer does not require me to wear a hardhat.

c) Does your employer **provide** you with a respirator or is there one available on site? Yes No

d) How often do you **wear** your respirator when it is needed or required for safety?

- Never: → Go to 3.21.:
- Some of the time
- Most of the time
- Always:

- Not needed for my job → Go to 3.19.

e) Are you clean shaven when you wear your respirator?

- Never
- Some of the time
- Most of the time
- Always

f) What type of respirator were you provided or made available on site? (Check all that apply)

- Half face
- Full face
- SCBA (Self-Contained Breathing Apparatus)
- Other

g) Have you been “fit-tested” for your respirator/s? Yes No

h) Did you receive training on your respirator/s? This would include information on inspection, maintenance, and storage. Yes No

On-the-job Injuries

2.24. During the past 12-months while working in the oilfield, did you receive any on-the-job injuries for which you had to see a doctor or other health care professional? Do not include injuries from car crashes, we will ask about that later in the survey.

- Yes
- No → Go to 3.22.

2.25. How many on-the-job injuries did you have during this 12 month period? _____

2.26. What event or action caused the injury?

- Being struck by a motor vehicle or mobile equipment while not in a vehicle
- Caught in objects or equipment (i.e. pinch point)
- Exposure to gases or vapors
- Fall from height
- Fire
- Overexertion or repetitive motion or vibration
- Struck by objects or equipment
- Slip/Trip
- Violence or assault
- Other (please specify): _____

a) What were you doing when the injury incident occurred?

Task: _____

b) Were you hospitalized due to this injury?

- Yes
- No → Go to 3.22

c) Did you miss any work due to this injury?

- Yes
- No → Go to 3.22

d) How much time were you away from work? Months _____ Weeks _____ Days _____

Chemical Products and Hazardous Substance Exposures

2.27. At work, do you handle or have skin contact with process fluids, chemical products, or substances?

- Yes
- No → Go to 3.30
- Don't Know

2.28. How often do you handle or come in contact with these fluids, chemical products, fluids or substances?

- Daily
- Multiple times per day
- Two or more times per week
- Once a week
- Once a month or less
- Don't Know

2.29. Have you received training through your company on the properly handling of chemicals that you work with?

- Yes
- No

2.30. Please list if you come in contact with the following products.

- | | | |
|--------------------|------------------------------|-----------------------------|
| a. Drilling Mud | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Fracking Fluid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Flowback fluids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Crude Oil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- e. Pipe Dope Yes No
- f. Diesel Exhaust Yes No
- g. Other: _____

2.31. Rate your level of concern about contact with these products:

- No concern
- Slightly concerned
- Somewhat concerned
- Very concerned

2.32. What chemical hazards or substances are you most concerned about?

2.33. Are Safety Data Sheets (SDSs) for chemicals and substances workers are exposed to available to you?

- Yes
- No → Go to 3.30
- Don't Know → Go to 3.30

2.34. Have you read the SDSs for the chemical products and substances you routinely work with?

- Yes
- No

2.35. At work, do you open tank hatches or work around open tanks at least twice a week or more?

- Yes
- No → Go to 3.35

2.36. Have you experienced any of the following symptoms while working around these products at work? (Check all that apply)

- Dizziness or lightheadedness
- Redness, dryness, itchy, watery eyes or blurred vision
- Nausea
- Headaches
- Redness, irritated, or scratchy skin
- Other skin discomfort
- Dry mouth
- Difficulty swallowing
- Fever or chills
- Fatigue

- Recurrent infections
- Weight loss without trying to lose weight
- Swollen lymph nodes
- Bruising or bleeding easily
- Bone Pain
- Pale Skin
- Prolonged Bleeding
- Rapid/irregular heart rate

2.37. Have you sought treatment at a clinic or emergency room?

- Yes
- No

Silica

2.38. Is sand used at your current worksite, such as for hydraulic fracturing?

- Yes
- No → Go to [3.36](#)
- Don't Know → Go to [3.36](#)

2.39. How often is sand, such as for hydraulic fracturing, used while you are working?

- Daily
- A few times a week
- A few times a month
- Rarely
- Other: _____

2.40. Have you received training or information on the hazards to exposure to silica dust from sand?

- Yes
- No
- Don't Know

2.41. Has your current company implemented controls to limit your exposure to silica dust, such as requiring respirators while working around sand, using equipment that limits dust generation, or using policy or procedures to limit number of times or duration you are exposed to silica dust?

- Yes
- No
- Don't Know

Dermatitis

2.42. During the past year, have you had dermatitis, eczema, or any other red, inflamed skin rash?

- Yes
- No → Go to 3.43

2.43. Have you had any of the following symptom(s) or problems? (Check all that apply)

- Redness
- Itching
- Scratch marks that come and go
- Peeling, cracking, scaling or flaking skin
- Bumps, blisters, or other lesions on skin
- Welts, hives, or swollen areas on skin
- None of these → Go to 3.39

2.44. What parts of your body were affected by this skin condition? (Check all that apply)

- Hands
- Arms
- Head/face/neck
- Legs
- Other: _____

2.45. Have you seen a doctor or other health care professional for your skin condition?

- Yes
- No → Go to 3.41

2.46. Were you told that the skin condition was probably work-related?

- Yes
- No

2.47. If you missed work due to a skin condition during the past year, how much time were you away from work?

Months _____ Weeks _____ Days _____

2.48. During the past year, did you stop working, change jobs, or make a major change in your work activities – such as taking on lighter duties – because of your skin condition?

- Yes
- No

2.49. On average, how much time do you spend in the sun per day during your typical work shift?

- Less than 1 hour
- 1 to 4 hours
- 4 to 7 hours
- 8 or more hours

2.50. Which of the following do you use when in the sun? (Check all that apply)

- Sunscreen
- A hat
- Long sleeve shirt
- None

Module 3 (M4)- Motor Vehicle

3.1. Do you drive a vehicle as part of your work duties?

- Yes
- No → Go to 4.1.

3.2. How long have you been driving as part of your work duties in the oil and gas industry?

_____ Years _____ Months

3.3. Over the past 12-months, how many miles would you estimate that you have driven on the job?

- Less than 25,000
- 25,001-50,000
- 50,001-75,000
- 75,001-100,000
- 100,001-125,000
- 125,001-150,000
- 150,001-175,000
- 175,001-200,000
- Over 200,000

3.4. Do you currently have a commercial driver's license (CDL)?

- Yes
- No

3.5. What is the type of vehicle you most often drive for work purposes?

- Passenger Car
- Light Truck (Weight less than 10,000 lbs)
- Van
- Single Unit Truck (10,001-19,500 lbs)
- Single Unit Truck (19,501-26,000 lbs)
- Single Unit Heavy Truck (greater than 26,000 lbs)
- Single Unit Truck (unknown weight)
- Medium/Heavy Pickup (i.e. Ford Super Duty 450/550)

3.6. In your current job, what do you haul with your vehicle? (Check all that apply)

- Crude oil
- Water
- Wastewater (brine)
- Equipment
- People
- Nothing

3.7. Do you collect fluid samples (thieve) or gauge tanks?

- Yes
- No → Go to 4.12

3.8. Do you open the thief hatch to collect samples (thieve) or gauge tanks?

- Yes → Go to 4.9
- No

3.9. How do you gauge or get your sample?

3.10. Have you experienced dizziness, disorientation or similar symptoms while collecting samples?

- Yes
- No

3.11. Do you use the following equipment while collecting samples? (Check all that apply)

- Respirator Type: _____
- Hydrogen Sulfide Monitor
- Multi Gas monitor (CO, O₂, LEL, etc.)

3.12. How were you being paid for your driving time on your most recent trip?

- | | |
|----------------------------|----------|
| • By the hour | • Salary |
| • By the mile | • Other: |
| • By the load | _____ |
| • A percentage of revenues | _____ |

3.13. Are you paid for non-driving work such as dropping and hooking trailers, waiting at the rig site, or loading/unloading/securing the load?

- Yes
- No

3.14. On your most recent trip, did your company offer bonuses or incur penalties based on whether or not you delivered your cargo on time?

- Yes
- No

3.15. How often do you feel very drowsy when you are driving at work?

- Never (or almost never) → Go to 4.17
- About once a month
- About once a week
- 2 or 3 times per week
- 4 or 5 times per week
- Almost every day

3.16. Keeping in mind that all of your responses are anonymous, have you ever nodded off or fallen asleep while driving your work vehicle?

- Yes
- No → Go to 4.19

3.17. How often do you estimate this has happened in the last **3 months**?

- Not at all
- Only one or two times
- About once per week
- 2 or 3 times per week
- More than 3 times per week

3.18. In the last 2 days, have you used medications or drugs to help you stay awake while driving?

- Yes
- No

3.19. In your working career driving in the oilfield, have you ever been in a crash as a driver or passenger in which there was a death, injury requiring medical attention or a vehicle was towed?

- Yes
- No → Go to 4.26

3.20. As a driver or passenger, how many of these crashes have you had? _____

3.21. In what calendar year was your most recent crash? Year _____

3.22. In your most recent crash, were you the driver or a passenger?

- Driver
- Passenger

3.23. In your most recent crash, did you receive any injuries that required immediate medical attention by a doctor, nurse, paramedic, or other health professional?

- Yes
- No → Go to 4.26

3.24. Did you miss any work days as a result of this injury?

- Yes
- No → Go to 4.26

3.25. How much time did you miss from work? _____ Weeks _____ Days

3.26. In the past seven days, have you had a 'near miss' that made you feel lucky not to have been in a crash while driving your company vehicle?

- Yes
- No

3.27. How often do you do the following while driving your company vehicle?

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
Get frustrated by other drivers on the road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive 10 or more miles per hour over the speed limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on handheld cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on hands free cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use cell phone for navigation or other uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a seatbelt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.28. How many moving violations have you received while driving a company vehicle over the past 12-months? _____

3.29. Does your company have a vehicle safety policy?

- Yes
- No
- Don't know

3.30. Does your current company have a policy that:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Bans hand held cell phone use while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bans hands free cell phone use while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bans texting while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires seatbelt use at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires drivers to conduct pre-trip vehicle inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.31. Did you receive an orientation on vehicle safety when you were hired at your current job?

- Yes
- No → Go to [4.34](#)
- Don't know

3.32. Was the orientation specific to the type of vehicle that you drive?

- Yes
- No

3.33. Does your company require that you report:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Crashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Misses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.34. Does your company require that your work vehicle be on a regular maintenance schedule?

- Yes
- No
- Don't know

3.35. Does your company have a journey management policy? This policy would give you guidance on safe routes to take, how often to take breaks, and how to manage any other driving related risks.

- Yes
- No
- Don't know

3.36. Does your company use in-vehicle monitoring systems? These systems track speeding events, harsh braking, and other driving behaviors.

- Yes
- No
- Don't know

3.37. Does your company have a fatigue management policy?

- Yes
- No
- Don't know

Module 4 (M4)- Closing Questions

4.1. Did you understand that your participation in the survey was voluntary?

- Yes
- No

4.2. Did you understand you could stop the survey at any time?

- Yes
- No

4.3. If you have any questions or concerns about the survey, do you know who you can contact?

- Yes
- No

4.4. Did you feel that you could be completely honest in your responses in this survey?

- Yes
- No

4.5. The information collected in this survey about oil and gas extraction workers will be used to help make workplaces safer and healthier. Any information we share will only include workers' responses in groups so your individual responses are confidential and anonymous. In what ways do you think safety and health information should be shared with you and your coworkers? (Check all that apply)

- AM/FM Radio
- Pamphlets through your company
- Internet sites: _____
- Industry magazines: _____
- Other: _____

You are done!

Please take the survey to the researcher and answer 3 interview questions.

[For Survey Staff]

Survey # _____ Date _____ Time of Day: ____: ____

Interview Location: State ____ City _____

Man Camp Equipment/Truck Yard Training Center Well Site