Note: Questions in **black** were taken from OSHA’s 2011 *National Survey of Safety and Health Practices Baseline Survey*, a statistical survey of occupational safety and health policies and practices among private sector establishments in non-agricultural industries. These questions have been vetted and asked in a prior approved OMB survey (OMB Approval 1218-0263). Asking these questions will allow us to compare the responses of establishments with a certified OHSMS in place to responses from a statistical sample of all establishments.

Questions on **blue** are new and were developed for this project specifically.

**General Information**

This survey is intended for organizations that have implemented an occupational safety and health management system (or OHSMS) and have had that system certified under a voluntary consensus standards such as OHSAS 18001, ISO 45001 or ANSI/ASSP Z10.

1. **Are you responsible for implementing or overseeing the certified OHSMS where you work?**

\_\_\_YES

\_\_\_NO {Ask respondent to forward to another person}

[If you answered NO because you are not the person responsible for implementing the OHSMS, please forward the survey link to that individual.]

1. **Has your organization’s OHSMS been certified by an accredited certification body?**

\_\_\_ YES

\_\_\_ NO {Exit Survey}

\_\_\_ Don’t Know {Exit Survey}

1. **Which of the following standards have you been certified to?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Standard** | **NO, we have never been certified to this** | **YES, we have been certified to this** | **Certification Period** | |  |
| **Initial Certification (Month/Year)** | **To**  **(Month/Year)** |
| ISO 45001 | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| OHSAS 18001 | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| ANSI/ASSP Z10 | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| Responsible Care | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| OSHA VPP | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| CSA Z1000-06 (Canada) | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |
| Other: [list]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_ / \_\_\_\_\_ | \_\_\_ / \_\_\_\_\_ | □ Not sure when |

1. **What does the scope of your OHSMS certificate cover? (Select the one that best describes your OHSMS.)**

\_\_ The single and only location owned by my organization

\_\_ A single location that is part of a larger organization

\_\_ Multiple locations as part of a larger organization

\_\_ All locations owned by a larger organization

1. **Is your organization owned domestically (U.S.) or by a foreign organization?**

\_\_\_ Domestic

\_\_\_ Foreign

1. **How many full-time employees are covered by the scope of the OHSMS certificate?**

\_\_ 2 to 10 employees

\_\_ 11 to 49 employees

\_\_ 50 to 100 employees

\_\_ 101 to 249 employees

\_\_ 250 to 500 employees

\_\_ more than 500 employees

\_\_ Don’t Know/Not Sure

1. **Which of the following industrial sectors best corresponds to the operations covered by your OHSMS certificate?**

**(Please Select One)**

\_\_\_\_\_ Mining, Quarrying, and Oil and Gas Extraction

\_\_\_\_\_ Utilities

\_\_\_\_\_ Construction

\_\_\_\_\_ Manufacturing

\_\_\_\_\_ Wholesale Trade

\_\_\_\_\_ Retail Trade

\_\_\_\_\_ Transportation and Warehousing

\_\_\_\_\_ Information Technology and Services

\_\_\_\_\_ Finance and Insurance

\_\_\_\_\_ Real Estate and Rental and Leasing

\_\_\_\_\_ Professional, Scientific, and Technical Services

\_\_\_\_\_ Management of Companies and Enterprises

\_\_\_\_\_ Administrative and Support Services

\_\_\_\_\_ Waste Management and Remediation Services

\_\_\_\_\_ Educational Services

\_\_\_\_\_ Health Care and Social Assistance

\_\_\_\_\_ Arts, Entertainment, and Recreation

\_\_\_\_\_ Accommodation and Food Services

\_\_\_\_\_ Other Services (except Public Administration)

\_\_\_\_\_ Public Administration

1. **If you know the 5- or 6-digit NAICS code that corresponds to the operations covered by your OHSMS certificate, please provide it. If not, please provide a description of these operations so we can assign an appropriate NAICS code.**

\_\_\_\_\_\_\_ NAICS Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of operations

**Hazards**

1. **Below is a list of possible sources of workplace injury or illness. Please read through the list and check off any hazard that is a potential safety or health issue at your organization or that has been addressed through your safety and health rules or policies.**

\_\_ Use of, or malfunction of, equipment or machines

\_\_ Falls from elevation

\_\_ Falls on the same level—trips or slips

\_\_ Exposure to toxic substances, hazardous waste, radioactive substances, or toxic gases

\_\_ Excessive noise

\_\_ Motor vehicle accidents

\_\_ Exposure to extreme heat or cold

\_\_ Exposure to viruses, microbes or other infectious substances [Do NOT check if exposure is limited to coworkers or customers with colds, influenza, coronavirus (COVID-19), or other such illnesses.]

\_\_ Increased risk of exposure to coronavirus (COVID-19)

\_\_ Lifting heavy loads

\_\_ Repetitive stress injuries or musculoskeletal disorders

\_\_ Fires or explosions

\_\_ Workplace violence, either by employees or nonemployees

\_\_ Work in permit-required confined spaces (such as tanks, vessels, silos, storage bins, hoppers, vaults, pits, manholes, tunnels, equipment housings, ductwork, pipelines)

\_\_ Work with explosives

\_\_ Flying particles or debris

\_\_ Electric shock

\_\_ Lockout/tagout hazards [CHECK IF YOU HAVE A LO/TO PROGRAM]

\_\_ Materials handling hazards

\_\_ Hazardous materials (combustible or flammable liquids or gases)

\_\_ Compressed gases

\_\_ Hazardous waste handling

\_\_ Biological hazards or needlesticks

\_\_ Combustible dust

\_\_ None of the above

\_\_ Other

\_\_ Don’t Know/Not Sure

**Questions on Certification**

As we mentioned at the start of this survey, we are interested in your responses because your organization implemented a certified Occupational Safety and Health Management System, or OHSMS. The next few questions ask about your OHSMS.

1. **What was the initial motivation for your organization to implement an OHSMS? PLEASE CHECK ALL THAT APPLY.**

\_\_ To improve health and safety in our workplace

\_\_ In response to a serious incident or close call

\_\_ To facilitate compliance with federal or state regulations

\_\_ OSHA or state citation and/or fine

\_\_ To be eligible for a program providing worker’s compensation premium reductions.

\_\_ To keep other expenses low (e.g., health insurance, liability)

\_\_ Required by a corporate parent (domestic)

\_\_ Required by a corporate parent (international)

\_\_ Required by one or more clients/customers

\_\_ Required by one or more host employers

\_\_ Required by one or more investors

\_\_ To gain public recognition by OSHA, a state OSH agency, an industry group, etc.

\_\_ To help integrate safety and health into overall business operations

\_\_ To help manage a multi-establishment corporation

\_\_ Other

\_\_ Don’t Know/Not Sure

1. **Does your OHSMS cover employees of temporary agencies that work on site at your organization?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Not sure

1. **Does your OHSMS cover contractor employees that work on site at your organization?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Not sure

1. **What elements does your OHSMS cover? PLEASE CHECK ALL THAT APPLY.**

\_\_ Management commitment and resources

\_\_ Employee participation

\_\_ Occupational health and safety policy

\_\_ Goals and objectives

\_\_ Performance measures

\_\_ System planning and development

\_\_ OHSMS manual and procedures

\_\_ Training system

\_\_ Hazard control system

\_\_ Rewards or incentives for reduced injury/illness cases or rates

\_\_ Preventive and corrective action system

\_\_ Post-incident drug testing

\_\_ Procurement and contracting

\_\_ Communication system

\_\_ Evaluation system

\_\_ Continual improvement

\_\_ Integration of safety and health into the organization’s business practices

\_\_ Management review

1. **In what year did your organization first begin work implementing your OHSMS? (Note: this should be before you were certified)**

\_\_\_\_\_\_ (Year)

\_\_ Not sure

1. **Did any of the following resources help you put your OHSMS in place and, if so, how helpful were those resources?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resource** | **We did not use this** | **We did use it and it was…** | | | |
| **Not helpful** | **Somewhat helpful** | **Very helpful** | **Not sure** |
| OSHA Consultation | **□** | **□** | **□** | **□** | **□** |
| Private consultant | **□** | **□** | **□** | **□** | **□** |
| Formal training | **□** | **□** | **□** | **□** | **□** |
| Guidance document (non-OSHA) | **□** | **□** | **□** | **□** | **□** |
| Insurance company | **□** | **□** | **□** | **□** | **□** |
| Professional association | **□** | **□** | **□** | **□** | **□** |
| Other: [Describe]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **□** | **□** | **□** | **□** |

1. **Based on your best estimate, what was the total effort spent *implementing* your OHSMS (excluding the of certification itself)?**

\_\_ < $5,000

\_\_ $5,000 to $10,000

\_\_ $10,000 to $25,000

\_\_ $25,000 to $50,000

\_\_ $50,000 to $100,000

\_\_ $100,000 to $250,000

\_\_ >$250,000

\_\_\_ Not sure

1. **Based on your best estimate, what was the total initial cost to *certify* your OHSMS?**

\_\_ < $5,000

\_\_ $5,000 to $10,000

\_\_ $10,000 to $25,000

\_\_ $25,000 to $50,000

\_\_ $50,000 to $100,000

\_\_ $100,000 to $250,000

\_\_ >$250,000

\_\_\_ Not sure

1. **Did you hire consultants to assist in implementing your OHSMS?**

\_\_\_ Yes [Go to Q19]

\_\_\_ No [Skip to Q20]

\_\_\_ Not sure [Skip to Q20]

1. **What was the cost incurred to hire the consultants?**

\_\_ < $5,000

\_\_ $5,000 to $10,000

\_\_ $10,000 to $25,000

\_\_ $25,000 to $50,000

\_\_ $50,000 to $100,000

\_\_ $100,000 to $250,000

\_\_ >$250,000

\_\_\_ Not sure

1. **To what extent do you agree with the following statements?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly Agree** | **Not sure** |
| The process of implementing an OHSMS was easy |  |  |  |  |  |  |
| The process of obtaining certification of our OHSMS was easy |  |  |  |  |  |  |
| I would recommend that other companies obtain certification of their OHSMS |  |  |  |  |  |  |

*If respondent indicates “agree” or “strongly agree” to “I would recommend that other companies obtain certification of their OHSMS”, ask this question:*

**You indicated that you would recommend obtaining certification to other companies. Are there specific reasons why?**

**{open-ended}**

*If respondent indicates “disagree” or “strongly disagree” to “I would recommend that other companies obtain certification of their OHSMS”, ask this question:*

**You indicated that you would not recommend obtaining certification to other companies. Are there specific reasons why?**

**{open-ended}**

**Resources**

1. **How many individuals in your organization have primary responsibility for employee safety and health?**

\_\_\_ employees

1. **Is there a separate line item in the operational budget of your organization for safety and health?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Not sure

**Other Certifications**

1. **Does your company hold any of the following other *management system* certifications?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard** | **NO, we don’t have this** | **YES, we have this** | **We obtained initial certification in:** | |
| Quality (ISO 9001) | □ | □ | Year: | □ Not sure when |
| Environment (ISO 14001) | □ | □ | Year: | □ Not sure when |
| Other: {list}  \_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | Year: | □ Not sure when |
| Other: {list}  \_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | Year: | □ Not sure when |
| Other: {list}  \_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | Year: | □ Not sure when |

**Safety Practices**

**Now we would like to find out about safety and health policies and practices at your organization.**

1. **Please check each statement below that applies to your company.**

\_\_ Employee safety is mainly provided by initial and annual refresher training.

\_\_ New hires work with experienced employees who train them in safe practices.

\_\_ Our employees perform administrative (white collar) and managerial work; we don’t really provide safety and health training.

\_\_ Supervisors hold regular safety meetings with employees.

\_\_ Managers, supervisors and/or workers receive incentives (I.e. cash bonuses, non-cash awards, recognition, or celebrations) based on injury/incident rates.

\_\_ We have an injury, illness, incident and near miss reporting system.

\_\_ We encourage reporting and take steps to ensure employee reports of injuries and incidents do not result in retaliation or discipline or are otherwise discouraged.

\_\_ We investigate all incidents to determine root causes.

\_\_ We administer post-incident drug tests after injuries, illnesses or near misses.

\_\_ We regularly inspect all workstations to detect/identify hazards.

\_\_ We have a safety and health committee.

\_\_ We have consultants, safety experts, or industrial hygienists assess safety and health conditions at our workplace(s).

\_\_ Our insurance company helps provide safety and health expertise.

\_\_ None of the above.

1. **How does your organization approach correcting hazards?**

**PLEASE CHECK ALL THAT APPLY.**

\_\_ Hazards are corrected in response to an incident.

\_\_ Hazards are corrected when there is a near miss or an event that could result in injury.

\_\_ Hazards are corrected when work methods seem inadequate or employee training seems inadequate.

\_\_ Hazards are corrected when an employee reports observing them.

\_\_ Hazards are corrected as the need arises or as a hazard comes to our attention.

\_\_ Hazards are corrected as part of our reviews of production processes or work activities.

\_\_ We have a budget for correcting hazards each year, which depends on priorities and the hazards identified.

\_\_ Other

\_\_ Don’t Know/Not Sure

1. **Who is involved in conducting investigations of safety-related incidents or near misses?**

**DO NOT CHECK IF THE PERSON’S INVOLVEMENT IS LIMITED TO BEING INTERVIEWED OR ASKED FOR INFORMATION, AS WITH A WITNESS TO THE EVENT.**

**PLEASE CHECK ALL THAT APPLY.**

\_\_ The manager responsible for safety and health

\_\_ The supervisor responsible for the area where the incident occurred

\_\_ Workers in the area where the incident occurred

\_\_ The safety committee

\_\_ Top management

\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have regular safety meetings, such as when a new job is begun, lunch box meetings, or monthly sessions?**

\_\_ Yes

\_\_ No

\_\_ Don’t Know/Not Sure

1. **Below are examples of strategies that some organizations use to address workplace safety and health issues. For each activity, please which, if any, are used at your organization.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your company…** | **Yes** | **No** | **Don’t Know** |
| Designate one individual with authority over the safety and health program? |  |  |  |
| Assign and communicate safety program-related roles, responsibilities, and authority to *all* managers, supervisors, and employees? |  |  |  |
| Provide information, training, and resources so that all employees understand and can fulfill their program-related responsibilities? |  |  |  |
| Have drills for emergency situations? |  |  |  |
| Investigate incidents (injuries, illnesses, fatalities)? |  |  |  |
| Involve employees in conducting incident investigations? |  |  |  |
| Investigate near-misses? |  |  |  |
| Perform regular workplace hazard inspections at least annually? |  |  |  |
| Identify and assess hazards associated with changes in processes or equipment before the changes or new equipment are introduced? |  |  |  |
| Identify hazards associated with emergency situations? |  |  |  |
| Have a system for prioritizing hazards for control based on the likelihood of the incident and severity of the impairment? |  |  |  |
| Perform regular job hazard analysis? |  |  |  |
| Have a written employee safety and health reporting system with follow-up investigations? |  |  |  |
| Have a procedure for addressing hazards reported by employees? |  |  |  |
| Perform regular written reviews of your organization’s safety and health performance (e.g., review performance over the past year, evaluation of injury and illness performance on a regular basis, etc.) |  |  |  |
| Have a joint employee and management safety and health committee? |  |  |  |
| Have safety and health meetings (other than training and committee meetings) with employees? |  |  |  |
| Regularly review or audit the operation of your safety and health system to ensure that your program is working the way it was intended? |  |  |  |

**Safety Training**

1. **How do workers receive safety and health training?**

**(PLEASE CHECK ALL THAT APPLY.)**

\_\_ On the job training by a coworker

\_\_ On the job training by a supervisor

\_\_ Regular training in groups

\_\_ Lectures, seminars, or other presentations led by safety personnel

\_\_ Self-directed training via handouts, videos, pamphlets

\_\_ Computer-based training

\_\_ Other—PLEASE DESCRIBE\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessing Certification Outcomes**

1. **With regards to your certified OHSMS, to what extent do you agree with the following statements?**

**Our certified OHSMS has…**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** | **Not sure** |
| Improved safety |  |  |  |  |  |  |
| Reduced the number of injuries or illnesses |  |  |  |  |  |  |
| Reduced workers compensation costs |  |  |  |  |  |  |
| Increased productivity |  |  |  |  |  |  |
| Reduced production/operational costs |  |  |  |  |  |  |
| Increased profits |  |  |  |  |  |  |
| Increased reporting of hazards and concerns by employees |  |  |  |  |  |  |
| Reduced the number of “near misses” |  |  |  |  |  |  |
| Improved employee morale |  |  |  |  |  |  |
| Reduced employee turnover or improved retention |  |  |  |  |  |  |
| Reduced employee absences |  |  |  |  |  |  |
| Improved management-employee relations |  |  |  |  |  |  |
| Improved safety culture |  |  |  |  |  |  |
| Opened new business opportunities |  |  |  |  |  |  |
| Improved our competitiveness |  |  |  |  |  |  |
| Improved the quality of our product/service |  |  |  |  |  |  |
| Greater integration of safety/health into business decisions and operations |  |  |  |  |  |  |
| Expanded “ownership” of safety and health |  |  |  |  |  |  |
| Improved our reputation in the community |  |  |  |  |  |  |
| Improved our reputation in our industry |  |  |  |  |  |  |

*[For each item where the respondent indicated they “Strongly Agree” with the statement in Question 30, they following type of question will appear]*

The following set of questions ask you to elaborate on items in the previous question you “strongly agreed” with. If you can, please provide additional information or anecdotes that elaborate on how you feel for some or all of these. This type of information will assist us in better understanding real-world success stories.

1. **You indicated that you strongly agree that your OHSMS resulted in {item from Question 30}, please provide additional details if you can.**

{Open-Ended}

The following set of questions ask you to elaborate on items in the previous question you “strongly disagreed” with. If you can, please provide additional information or anecdotes that elaborate on how you feel for some or all of these. This type of information will assist us in better understanding real-world issues and concerns.

1. **You indicated that you strongly disagree that your OHSMS resulted in {item from Question 30}, please provide additional details if you can.**

{Open-Ended}

**Impact of OHSMS on Coronavirus Pandemic Response**

1. **To what extent do you agree or disagree with the following statements on whether your OHSMS helped your organization respond to the pandemic?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** | **Not sure** |
| Our OHSMS identified infectious diseases and external public health issues as a risk to our business. |  |  |  |  |  |  |
| Our OHSMS included specific plans for responding to a pandemic |  |  |  |  |  |  |
| Our OHSMS helped us identify and access resources we needed to respond to the pandemic |  |  |  |  |  |  |
| Our OHSMS helped us decide whether to continue some or all of our operations during the pandemic |  |  |  |  |  |  |
| Our OHSMS helped us monitor and respond to worker concerns about the impact of the pandemic in the workplace |  |  |  |  |  |  |
| Our OHSMS helped us monitor and respond to worker concerns about the broader impact of the pandemic (e.g., on their family) |  |  |  |  |  |  |
| Worker input improved our ability to respond to the pandemic. |  |  |  |  |  |  |
| Our OHSMS helped us communicate throughout our organization during the pandemic. |  |  |  |  |  |  |
| Our OHSMS helped operate more safely during the pandemic |  |  |  |  |  |  |
| Our OHSMS helped us operate more safely when our facilities re-opened. |  |  |  |  |  |  |

1. **To what extend was your organization’s OHSMS helpful in anticipating and responding to the pandemic?**

\_\_\_ We did not use it

\_\_\_ Not helpful

\_\_\_ Somewhat helpful

\_\_\_ Very helpful

\_\_\_ Not sure

1. **Are there any specific aspects of your OHSMS that assisted your organization in responding to the pandemic?**

{Open-Ended}

1. **Does your organization require contractors/suppliers to provide information on their safety and health program and performance (e.g., injury and illness rates) when submitting bids or quotes?**

\_\_\_ Yes [Go to Q37]

\_\_\_ No [Go to Q38]

1. **If yes, are you more likely to engage a contractor/supplier who has a certified OHSMS?**

\_\_\_ Yes

\_\_\_ No

We are also interested in understanding how having a certified OHSMS affects injuries and illnesses. To do this, we need information from your OSHA 300 log that is required to be filled out each year. We recognize this will take some time but having this information would be valuable to DOL in understanding the effect that OHSMS’s have on injury and illness rates.

1. **In the table below, please provide as many years of data as possible. To assist you, we have referred to areas of the OSHA Form 300A form that contains the necessary information.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Total Hours Worked by All Employees (Under “Employment Information” on your 300A)** | **Total Number of Deaths**  **(Line G on your 300A)** | **Total Number of Cases with Days Away from Work**  **(Line H)** | **Total Number of Cases with Job Transfer or Restriction**  **(Line I)** | **Total Number of Other Recordable Cases**  **(Line J)** |
| 2012 |  |  |  |  |  |
| 2013 |  |  |  |  |  |
| 2014 |  |  |  |  |  |
| 2015 |  |  |  |  |  |
| 2016 |  |  |  |  |  |
| 2017 |  |  |  |  |  |
| 2018 |  |  |  |  |  |
| 2019 |  |  |  |  |  |



In addition to understanding your injury and illness history, we also would like information on your workers’ compensation experience.

1. **In the table below, please provide as many years of workers’ compensation data as possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Number of Claims** | **Value of Claims ($1,000s)** | **Experience Modification Rate (EMR)** |
| 2012 |  |  |  |
| 2013 |  |  |  |
| 2014 |  |  |  |
| 2015 |  |  |  |
| 2016 |  |  |  |
| 2017 |  |  |  |
| 2018 |  |  |  |
| 2019 |  |  |  |