

Attachment 3c. Mechanic and Maintenance Technician Survey

NIOSH2018 - Aviation Safety – Mechanics and Maintenance Technicians

Screening Question: Q00 Do you currently work for (*Pipe in company name*)?

- Yes, I currently work for (*Pipe in company name*).
- Yes, I work for (*Pipe in company name*) seasonally, occasionally, on-call, or when needed
- No, I no longer work for (*Pipe in company name*).

Skip To: END of Survey IF Do you currently work for (Pipe in company name)? = No, I no longer work for (Pipe in company name).

INSERT INFORMED CONSENT FORM HERE

- I agree to participate in this study.
- I do not agree to participate in this study.

Skip To: END of Survey IF Informed Consent = I do not agree to participate in this study.

These first questions ask about your employment with (*Pipe in company name*).

Q1 Which of the following best describes your employer?

- An air carrier
- A maintenance, repair, or overhaul facility
- An avionics station
- Other. Please describe: _____

Q2 Which of the following best describes your job?

- Aircraft mechanic/Aviation maintenance technician
- Avionics technician
- Maintenance inspector
- Nondestructive testing technician
- Ground equipment mechanic
- Mechanic helper/assistant
- Auto mechanic
- Diesel mechanic
- Other. Please describe: _____

- Q3 Are you self-employed, a private contractor, or do you contract your services to individuals or companies?
- Yes
 - No

The remaining questions are about your work as a {Pipe in text from Q2}.

Q4 Over your entire career, how many different companies have you worked for as a *{pipe in text from Q2 response}*?

- Number of companies: _____

Display This Question:

If Over your entire career, how many different employers have you work for... # Employers > 1

Q4a Over how many years has that been?

- Years: _____

Q5 How long have you worked for *{pipe in company name}*?

Please enter the number of months if less than 1 year.

- Years: _____
- Months: _____

Q6 How long have you worked for *{pipe in company name}* as a *{pipe in text from Q2 response}*?

Please enter the number months if less than 1 year.

- Years: _____
- Months: _____

Q7 In general, do you work alone, as part of a team, or something in between?

- I always work alone
- I usually work alone, but sometimes as part of a team
- I usually work as part of a team, but sometimes alone
- I always work as part of a team

Q8 Do you routinely perform tasks that are not in your job description as a *{Pipe in text from Q2}*?

- Yes
- No
- I don't know

Display This Question:

If Do you routinely perform tasks that are not in your job description as a {Pipe in text from Q2}? = Yes

Q8a What three tasks do you perform most often that are not in your job description?

- Task 1: _____
- Task 2: _____
- Task 3: _____

Q9 Which certificates do you hold?

Please select all that apply.

- Airframe
- Powerplant
- Inspection Authorization (IA)
- Automotive Service Excellence (ASE) - any certification
- Other. Please specify: _____
- I do not currently hold any certificates

Display This Question:

If Which certificates do you hold? = Airframe OR Powerplant OR Inspection Authorization (IA)

Q9a On your FAA mechanic certificate, is your address listed in Alaska?

- Yes
- No

These next questions are about your work schedule as a {Pipe in text from Q2}.

Q10 Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule?

- Yes
- No
- Other. Please explain: _____

Display This Question:

If Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule? = Yes

Q10a Do you currently work...

- 1 week on and 1 week off
- 2 weeks on and 2 weeks off
- 3 weeks on and 1 week off
- Other. Please specify: _____

Q11 Is your work seasonal or year-round?

- Year-round
- Mostly year-round
- Seasonal
- Mostly seasonal
- Other. Please explain: _____

Q12 Please estimate what percent of your paid hours in **YEAR** occurred in each season.

Spring: _____

Summer: _____

Autumn: _____

Winter: _____

Total: _____

Q13 Does your work as a (*pipe in text from Q2*) have a peak season?

Yes

No

I don't know

Display This Question:

*If Does your work as a (*pipe in text from Q2*) have a peak season? = Yes*

Q13a Have you worked during peak season as a (*Pipe in text from Q2*)?

Yes

No

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = Yes AND Have you worked during peak season as a (pipe in text from Q2)? = Yes

Q14 During the peak season, what is your typical daily shift?

Please enter your typical daily shift in 24-hour clock format. That is, for 7:00 AM please enter 0700; for 1:00 PM please enter 1300.

From: _____

To: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = Yes AND Have you worked during peak season as a (pipe in text from Q2)? = Yes

Q15 On the days you work during the peak season, how many **hours per day** are you typically on duty?

Duty hours per day: ___

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = Yes AND Have you worked during peak season as a (pipe in text from Q2)? = Yes

Q16 During the peak season, how many **days per week** do you typically work?

Duty days per week: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = Yes AND Have you worked during peak season as a (pipe in text from Q2)? = Yes

Q17 During the peak season, do you work more than 40 hours **per week**?

Yes
 No

Display This Question:

If During peak season, do you work more than 40 hours per week? = Yes AND Have you worked during peak season as a (pipe in text from Q2)? = Yes

Q17a During the peak season, about how many hours over 40 do you work **per week**?

Hours over 40 per week: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = No OR I don't know

Q14z What is your typical daily shift?

Please enter your typical daily shift in 24-hour clock format. That is, for 7:00AM please enter 0700; for 1:00PM please enter 1300.

From: _____

To: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = No OR I don't know

Q15z How many **hours per day** are you typically on duty?

Duty hours per day: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season? = No OR I don't know

Q16z How many **days per week** do you typically work?

Duty days per week: _____

Display This Question:

If Does your work as a (pipe in text from Q2) have a peak season?? = No OR I don't know

Q17z Do you generally work more than 40 hours **per week**?

Yes

No

Display This Question:

If Do you generally work more than 40 hours per week? = Yes

Q17az About how many hours over 40 do you work **per week**?

Hours over 40 per week: _____

These next few questions ask about training and safety.

Q18 In your job as a {Pipe text from Q2} at {pipe in company name}, are you provided with training, equipment, or information on...

***If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off the "screen lock" feature so your screen will turn.**

	<u>Training</u>		<u>Equipment</u>		<u>Information</u>	
	Yes	No	Yes	No	Yes	No
Hazardous materials safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ramp safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forklift use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fall from heights prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Yes	No	Yes	No
Fall from the same level prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of slips on ice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal protective equipment use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to pathogens or chemical contaminants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
De-escalation of threats from customers, passengers, or co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 In your opinion, what additional training could help reduce injuries, prevent illnesses, and increase safety?

Q20 While at work, about how often do you lift more than 50 pounds without equipment?

- Daily
- 2-3 times a week
- Once a week
- Once a month
- 2-3 times a year
- Never
- Other. Please describe: _____

Q21 Is any of the following equipment available at work to assist with moving heavy items? Please select all that apply.

- Forklift
- Pallet jack
- Mechanical lift
- Other. Please describe: _____
- None of the above

Q22 Compared to other jobs, how safe is your job?

- Much safer than other jobs
- Slightly safer than other jobs
- As safe as other jobs
- Slightly more dangerous than other jobs
- Much more dangerous than other jobs

The following questions are about work-related exposures, illnesses, and injuries and measures to eliminate them at your job as a *(Pipe in Q2 answer)*.

Examples of exposures are workplace exposures to harmful substances, fumes, loud noises, and temperature extremes.

Examples of illnesses are skin diseases, respiratory disorders, and poisonings resulting from work exposures.

Examples of injuries are work-related cuts, fractures, sprains, hearing loss, and amputations.

These questions refer to a time when your body was damaged and required medical attention at the time of the event, or caused you to take time away from work, or required you to change how you did your job.

Q23 Exposures in the workplace may be to harmful substances, fumes, loud noises, or temperature extremes. In the past five years, have you had any exposures as a result of your work that required medical care, first aid, time off work, or changes in how you do your job?

Yes. Please explain:

No

Q24 Which of your duties or tasks are most likely to make you ill?

Q25 In the past five years, have you been made ill as a result of your work?

Yes. Please explain:

No

Q26 Which of your duties or tasks are most likely to injure you?

Q27 In the past five years, have you been injured as a result of your work?

Yes

No

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q28 In the past five years, how many different times have you been injured as a result of your work?

Once

Twice

Three or more times

Display This Statement:

If In the past five years, how many different times have you been injured as a result of your work? != Once
AND

If In the past five years, have you been injured as a result of your work? = Yes

Please think about your **most serious** injury when answering these next questions.

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q29 How did your injury occur?

- Lifting (picking up cargo, baggage, equipment, etc.)
- Slip (on ice, wet or oily surfaces, etc.)
- Trip (over objects, uncovered hoses or cables, etc.)
- Fall
- Pushing or pulling
- Contact injury with object (aircraft wing, tug, etc.)
- Assault or injury by another person
- Other. Please specify: _____

Display This Question:

If How did your injury occur? = Fall
AND

If In the past five years, have you been injured as a result of your work? = Yes

Q29a Was your fall while you were above ground level or at ground level?

- Above ground level (on a ladder, aircraft wing, etc.)
- At ground level

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q30 How was your injury treated? Please select all that apply.

- Did not receive any treatment
- Received first aid at work
- Self-treatment at home after work
- Went to medical walk-in or community clinic
- Went to hospital or emergency room, but wasn't admitted to hospital
- Hospitalized 1-3 days
- Hospitalized 4-7 days
- Hospitalized more than 7 days
- Received outpatient long-term care including therapy (physical, occupational, massage, counseling, etc.)
- Other. Please explain: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q31 Due to your injury, did you miss any workdays?

- Yes
- No
- I don't remember
- Prefer not to answer

Display This Question:

If Due to your injury, did you miss any workdays? = Yes

AND

If In the past five years, have you been injured as a result of your work? = Yes

Q31a Due to your injury, about how much time did you miss from work?

- Days _____
- Weeks _____
- Months _____
- Years _
- I don't remember

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q32 What part or parts of your body were affected? Please select all that apply.

- Head
- Neck
- Upper limbs (shoulders, arms, hands, wrists)
- Lower limbs (legs, knees, feet)
- Trunk (back, lungs, stomach, chest, hips, buttocks)
- Other. Please explain: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q33 At the time of your injury, about how long had you been at work that day?

- Less than 1 hour
- 1 – 2 hours
- 3 – 5 hours
- 6 – 8 hours
- More than 8 hours
- I don't remember

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q34 Did you file a worker's compensation claim for your injury?

- Yes
- No, I didn't have coverage at the time
- No, other reason
- I don't remember
- Prefer not to answer

Display This Question:

If Did you file a worker's compensation claim for your injury? = No, other reason AND

If In the past five years, have you been injured as a result of your work? = Yes

Q34a Which of the following best describes your reasons for not filing a worker's compensation claim:

Please select all that apply.

- I didn't think the injury was bad enough, filing was unnecessary
- I didn't know I could
- I didn't know how
- I didn't want to hurt the company or my employer
- I didn't want my employer to be disappointed in me
- I was worried it would make me look bad
- I didn't want to get a co-worker in trouble
- I was worried about getting in trouble with my employer
- Other. Please describe: _____

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q35 Did you report your injury to your employer?

- Yes
- No
- I don't remember
- Prefer not to answer

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q36 Do you think your injury could have been prevented?

- Yes. What could have prevented it? _____
- No. Please explain: _____
- I don't know

Q37 Please indicate how much you agree or disagree with each of the following statements. Where I work...

Where I work...	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
the safety of workers is a high priority with management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
workers are discouraged from reporting safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
there are no significant compromises or shortcuts taken when worker safety is at stake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keeping aircraft in the air is more important than worker safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
employees and management work together to ensure the safest possible working conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
management isn't interested in safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38 What do you think contributes most to injuries in aviation in Alaska?

Q39 If you could make changes, how would you make your job safer?

Q40 Have you ever felt pressured to complete work when you felt safety might be at risk?

- Yes
- No
- I don't know
- Prefer not to answer

Display This Question:

If Have you ever felt pressured to complete work when you felt safety might be at risk? = Yes

Q40a In the table below, please indicate how often you have felt pressured by someone in the following positions to complete work when you felt safety might be at risk.

	Frequently	Sometimes	Rarely	Never	Prefer not to answer
Employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team or shift leads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please describe:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q41 Have you ever felt so tired at work that you forgot what you were doing, what you had done, or made a mistake?

- Yes
- No
- I don't remember
- Prefer not to answer

Q42 During **YEAR**, about how often have you felt too tired to work, but you worked anyway?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never
- Prefer not to answer

Display This Question:

*If During **YEAR**, about how often have you felt too tired to work, but you worked anyway? != Never –OR- Prefer not to answer*

Q42a When you continued to work despite being tired, you did so because....

Please select all that apply.

- Your employer expected you to get the job done
- Passengers were waiting
- You needed the money
- You didn't want to let your coworkers down
- You didn't want to let your company down
- Other. Please describe: _____

Q43 Would you like to see regulations limiting the number of hours you can work in a daily shift for *{pipe in text from Q2 response}*?

- Yes
- No

These final few questions ask about you.

Q44 What is the highest level of education you have completed?

- Less than high school
- Attended high school; didn't graduate
- GED or equivalent
- High school diploma
- Attended college; no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree

Q45 Are you male or female?

- Male
- Female
- Prefer not to answer

Q46 How old are you?

- Years: _____
- Prefer not to answer

Q47 What is your race?

Please select all that apply.

- American Indian or Alaska Native
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- Some other race. Please specify: _____
- Prefer not to answer

Q48 Please add any other comments about aviation safety in Alaska you think we should know.

Thank you for your help!

End of Survey
