

**Attachment 3e. Customer Service Agent Survey**

# NIOSH2018 - Aviation Safety - Customer Service Agents, Administrative, Office, and Flight Support Personnel

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

- Yes, I work for (*Pipe in company name*).
- 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 comp...)*

Q0 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 job?

- Customer service agent
- Office or administrative support personnel
- Flight support personnel
- Flight or ground specialist
- Village agent
- Flight follower or dispatcher
- Operations agent
- Station manager
- Tour attendant
- Other. Please describe: \_\_\_\_\_

Q2 How long have you worked for (*Pipe in company name*) as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ?

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

- Years: \_\_\_\_\_
- Months: \_\_\_\_\_

Q3 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

Q4 Do you routinely perform tasks that are not in your job description as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ?

- Yes
- No
- I don't know

*Display This Question:*

*If Do you routinely perform tasks that are not in your job description as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = Yes*

Q4a What three tasks do you perform most often that are not in your job description?

- Task 1: \_\_\_\_\_
- Task 2: \_\_\_\_\_
- Task 3: \_\_\_\_\_

The next questions are about your work schedule as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ .

Q5 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*

Q5a 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: \_\_\_\_\_

Q6 Is your work seasonal or year-round?

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

Q7 Please estimate what percent of your paid hours in **YEAR** occurred in each season.

Spring: \_\_\_\_\_  
Summer: \_\_\_\_\_  
Autumn: \_\_\_\_\_  
Winter: \_\_\_\_\_  
Total: \_\_\_\_\_

Q8 Does your work as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season?

- Yes
- No
- I don't know

Display This Question:

If Does your work as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season? = Yes

Q8a Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ?

- Yes
- No

Display This Question:

If Does your work as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season? = Yes AND Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = Yes

Q9 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  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season? = Yes AND Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = Yes

Q10 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  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season? = Yes AND Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = Yes

Q11 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  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season? = Yes AND Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = Yes

Q12 During the peak season, do you typically work more than 40 hours **per week**?

- Yes
- No

Display This Question:

*If During the peak season, do you typically work more than 40 hours per week? = Yes*

Q12a During 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  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season?= No OR I don't know  
OR Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = No*

Q9z 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  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season?= No OR I don't know  
OR Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = No*

Q10z How many **hours per day** are you typically on duty?

Duty hours per day: \_\_\_\_\_

*Display This Question:*

*If Does your work as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season?= No OR I don't know  
OR Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = No*

Q11z How many **days per week** do you typically work?

Duty days per week: \_\_\_\_\_

*Display This Question:*

*If Does your work as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  have a peak season?= No OR I don't know  
OR Have you worked during peak season as a  $\{Q1/ChoiceGroup/SelectedChoices\}$ ? = No*

Q12z 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*

Q12az 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.**

Q13 In your job as a  $\{Q1/ChoiceGroup/SelectedChoices\}$  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 your "screen lock" feature so the 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 on 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"/>

Q14 In your opinion, what additional training could help reduce injuries, prevent illnesses, and increase safety?

---



---



---

Q15 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: \_\_\_\_\_

Q16 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

Q17 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 text from Q1}.**

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.**

Q18 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

Q19 Which of your duties or tasks are most likely to make you ill?

---

---

Q20 In the past five years, have you been made ill as a result of your work?

- Yes. Please explain:
- No

Q21 Which of your duties or tasks are most likely to injure you?

---

---

Q22 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*

Q23 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*

Q24 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*

Q24a 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

Q25 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 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

Q26 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

Q26a 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*

Q27 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*

Q28 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*

Q29 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

Q29a 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

Q30 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

Q31 Do you think your injury could have been prevented?

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

Q32 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"/>

Q33 What do you think contributes most to injuries in aviation in Alaska?

---

Q34 If you could make changes, how would you make your job safer?

---

Q35 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*

Q35a 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"/>

Q36 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

Q37 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

Q37a 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 co-workers down

You didn't want to let your company down

Other. Please describe: \_\_\_\_\_

**These final questions are about you.**

Q38 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

Q39 Are you male or female?

  
  

Male

Female

Prefer not to answer

Q40 How old are you?

  

Years: \_\_\_\_\_

Prefer not to answer

Q41 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

Q42 Please add any other comments about aviation safety in Alaska you think we should know.

---

---

**Thank you for your help!**

**End of Survey**

---