

**QUESTIONNAIRE FROM  
NATIONAL SURVEY ON  
SAFETY AND HEALTH  
ENTERPRISES  
MANAGEMENT  
(ENGE 2009)**

NIPO 272-13-026-1



**MINISTERIO  
DE TRABAJO  
E INMIGRACIÓN**



**INSTITUTO NACIONAL  
DE SEGURIDAD E HIGIENE  
EN EL TRABAJO**



## VI NATIONAL SURVEY OF WORKING CONDITIONS BUSINESS QUESTIONNAIRE

Nº: \_\_\_\_\_

The National Institute for Safety and Hygiene at Work (INSHT in Spanish) is an Autonomous Body of the Ministry of Labour and Immigration, which, within the framework of the Act 31/1995 of 8 November on Prevention of Occupational Risks, has as its mission, among others, the analysis and study of health and safety conditions at work. To meet its objective, the INSHT periodically carries out the National Survey of Working Conditions. Your business has been selected to participate in this statistical survey.

**STATISTICAL CONFIDENTIALITY AND COMPULSORY DATA PROVISION:** For the purposes set forth in Law 12/1989, of 9 May, on Government Statistics, in Organic Law 15/1999, of 13 December, on Personal Data Protection, and other applicable regulations, the proper use of the information provided by businesses in the course of this study is guaranteed, as well as the *statistical confidentiality* of the data provided.

Statistical studies are protected by the Government Statistics Act (Ley de la Función Estadística Pública, LFEP), which guarantees that data provided remains protected by statistical confidentiality and in no case will such information be used improperly. In this sense, data will be handled in an anonymous and aggregated manner.

Likewise, you are hereby informed that this survey is considered *compulsory*, as it is one of the statistical activities included in the National Statistics Plan. All natural and legal persons who supply data must reply truthfully, accurately, fully, and within the deadline to survey questions duly put to them by the statistical services (art 10.2 of the LFEP), for which failure to cooperate with the provision of information will be punishable in accordance with the norms contained in art. 48.1 of the

**Q.1 At present, how many workplaces does the business have in Spain (with the same company name) including this centre?**

- Only this workplace ..... 1 → *SKIP TO 0*
- 2 to 5 workplaces ..... 2
- 6 to 10 workplaces ..... 3
- Over 10 workplaces ..... 4

### A. GENERAL INFORMATION ABOUT THE BUSINESS

**Q.2 What is the primary economic activity of the business?** ..... **CNAE-93 (NACE code):** \_\_\_\_\_

**CNAE-09 (NACE code):** \_\_\_\_\_

(Describe in the most precise and specific way possible, the primary activity carried out in the business).

**Q.3 At present, how many employees are on your business' payroll in Spain?**

Nº of employees: \_\_\_\_\_ (ANSWER EVEN IF IT IS AN APPROXIMATION)

### B. GENERAL INFORMATION AND LABOUR STRUCTURE OF THIS WORKPLACE

**What is the primary economic activity of this workplace?** .....

(Describe in the most precise and specific way possible, the primary activity carried out in your workplace)

**Q.4 How long has this workplace been carrying out this activity?:**

Nº years \_\_\_\_\_ Nº months \_\_\_\_\_ (ANSWER EVEN IF IT IS AN APPROXIMATION)

**Q.5 Distribute the in-house staff presently at the workplace, according to the following classification:**

*In-house staff is understood as all employees of this business, or others, or self-employed who carry out their work function for this workplace (within the facilities as well as outside) although they may be on sick leave, holiday, or in a similar situation on this particular day, excluding the owner, employer or similar.*

		The activity itself	Cate- ring	Computing	Security	Cleaning	Other. Specify:	
Own payroll	Indefinite or permanent seasonal contract							
	Determined duration contract (work or service, contingent on production circumstances, temporary employee, trainees, interns, etc.)							
Other (external) payroll	Contract or subcontract employees							
	Non-dependent Self-employed							
	Dependent Self-employed (work only for this company)							
	Temporary employment agencies (ETT) employees							
	Other. Specify: _____							
<b>TOTAL</b>								

**Q.6 Distribute the payroll of this workplace according to gender and nationality:**

	No. Spanish	No. foreign	Total
• Men	_____	_____	_____
• Women	_____	_____	_____

**Q.7 Distribute the payroll of this workplace according to age:**

- Between 16 and 19 years ..... \_\_\_\_\_
- Between 20 and 24 years ..... \_\_\_\_\_
- Between 25 and 54 years ..... \_\_\_\_\_
- Between 55 and 65 years ..... \_\_\_\_\_
- Over 65 years..... \_\_\_\_\_
- TOTAL ..... \_\_\_\_\_

**Q.8 Distribute the payroll of this workplace according to the location where they carry out most of their work:**

- At this workplace..... \_\_\_\_\_
- At other workplaces of the same enterprise..... \_\_\_\_\_
- In other enterprises..... \_\_\_\_\_
- On the street (repair, maintenance, delivery, construction...) ..... \_\_\_\_\_
- In their own residence..... \_\_\_\_\_
- Other. Specify: \_\_\_\_\_
- TOTAL ..... \_\_\_\_\_

**Q.9 Distribute the payroll of this workplace according to the type of work schedule they follow at present:**

- Split shift: morning and afternoon..... \_\_\_\_\_
- Continuous workday: fixed morning shift..... \_\_\_\_\_
- Continuous workday: fixed afternoon shift..... \_\_\_\_\_
- Continuous workday: fixed night shift..... \_\_\_\_\_
- Work in alternating teams (shifts): morning/afternoon ..... \_\_\_\_\_
- Work in alternating teams (shifts): morning/afternoon/night..... \_\_\_\_\_
- Work in alternating teams (shifts): other type..... \_\_\_\_\_
- Other. Specify: \_\_\_\_\_
- TOTAL ..... \_\_\_\_\_

**Q.10 At this workplace, are any of the following particularly hazardous activities (included in Appendix I of the Regulations for Prevention services) carried out? (MULTIPLE RESPONSES ARE POSSIBLE)**

- Work with exposure to ionising radiation.....
- Work with exposure to toxic and very toxic agents.....
- Activities in which high-risk chemicals are involved.....
- Work with exposure to group 3 biological agents (*a biological agent that can cause severe human disease and present a serious hazard to employees; it may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available*).....
- Work with exposure to group 4 biological agents (*a biological agent that causes severe human disease and is a serious hazard to employees; it may present a high risk of spreading to the community; there is usually no effective prophylaxis or treatment available*).....
- Activities of manufacturing, handling, and using explosives.....
- Work relating to open-air mining and drilling on the surface or on offshore platforms.....
- Work relating to underground mining.....
- Underwater (immersed) activities.....
- Activities in construction sites, excavation, earth movements, and tunnels.....
- Activities relating to iron and steel industry and shipbuilding.....
- Production or significant use of compressed, liquefied or dissolved gases.....
- Work which produces elevated concentrations of silicon powder.....
- Work with high voltage electrical hazards.....
- None of the above.....

**C. BUSINESS MANAGEMENT**

**Q.11 Rank the following factors by the extent to which they influence, in your opinion, the current business strategy of your business.**

Rank taking into account that in the row that appears 1<sup>st</sup>, you should indicate the aspect you feel is most important, in the row appearing 2<sup>nd</sup> should be placed the aspect you consider second in importance, etc. For example, if you feel that the most important aspect is "e", you should enter "e" in the first row: 1<sup>st</sup> e and so on.

	Order from most to least important
a. Increasing productivity	
b. Improving the quality of the product or service	
c. Developing new products or services	
d. Reducing labour costs	
e. Reducing production or distribution costs	
f. Improving the management of occupational risk prevention	
g. Improving the business' image	
h. Promoting research, development, and innovation	
i. Greater commitment to environmental sustainability	
j. Other. Specify: _____	

**Q.12 At this workplace, are any of the following management tools used in the business' activity?**

	YES	NO	NO, but we are considering it
• Total quality management (TQM)			
• Quality circles or problem-solving groups			
• Multi-skilling employees			
• Independent work teams			
• Adjusted production ("just in time")			
• Adjusted supply ("just in time")			
• Subcontracting and/or outsourcing of the core business' activities			
• Schedule flexibility			
• Remote/distance work (telework)			
• Compensation based on employee's performance			
• Other. Specify: _____			

**Q.13 Does your business have any management system for safety and health at work?**

- No .....
- No, but we are considering it.....
- Yes, based on technical specification OHSAS 18001.....
- Yes, based on another system. Specify: \_\_\_\_\_

**Q.14 At this workplace, is there a risk of... ? (MULTIPLE RESPONSES ARE POSSIBLE)**

- Work-related accidents
- Diseases caused by chemical, physical, or biological agents .....
- Muscular-skeletal problems associated with postures, strains, or movements .....
- Stress, depression, anxiety .....
- Other diseases or ailments related to work .....
- In this workplace, no risks exist .....

**Q.15 In your business, has the health and safety situation had any of the following consequences? (MULTIPLE RESPONSES ARE POSSIBLE)**

- Written warning or penalty for one or more employees.....
- Strikes or workers' protest.....
- Proposed penalties by the Labour and Social Security Inspectorate.....
- Charges filed against an executive or middle manager in a legal proceeding.....
- Additional charge added to Social Security benefits for employees who suffer accidents or diseases.....
- Other. Specify: \_\_\_\_\_
- None of the above .....

**D. PARTICIPATION BODIES**

**Q.16 At this workplace, is there any *Prevention Representative* representing employees?**

- Yes .....
- No ..... → *SKIP TO Q. 22*

**Q.17 If yes, how many *Prevention Representatives* are there in this centre?**

	Men	Women	Total
No Prevention representatives.....	_____	_____	<input type="text"/>

**Q.18 Has/have the *Prevention Representative(s)* received training on health and safety at work since their appointment?**

- Yes, all .....
- Yes, some .....
- No .....

**Q.19 At this workplace, is there a *Health and Safety at Work Committee*?**

- Yes .....
- No ..... → *SKIP TO Q.22*

**Q.20 In the last twelve months, how many times has this *Health and Safety Committee* met?**

- None .....
- One .....
- Two .....
- Three .....
- Four .....
- More than four .....

**Q.21 At this workplace, on which aspects related to health and safety at work are employees or their representatives consulted?**

	Employees	Prevention representatives
• Risk assessment		
• Introduction of new technologies		
• Selection of work equipment and/or personal protective equipment (PPE)		
• Organisation of occupational risk prevention		
• Training organisation		
• Selection of external prevention service		
• Selection of the mutual insurance company for accidents at work and occupational diseases		
• Workplaces free of hazards for pregnancy		
• None of the above		

## E. RESOURCES FOR THE PREVENTION OF OCCUPATIONAL RISKS

**Q.22 In this business, what staff or resources are in place to prevent occupational risks? (MULTIPLE RESPONSES ARE POSSIBLE)**

1. The business owner has designated one or more employees responsible for occupational risk prevention.... ..
2. The company has its own Internal prevention service.....
3. A joint prevention service is used.....
4. An external prevention service is used (including the prevention service linked to the mutual insurance company for accidents at work and occupational diseases).....
5. The business owner has personally assumed the task of risk prevention.....
6. There are employees responsible for the coordination of businesses activities.....
7. Health and safety coordinator (only for construction companies).....
8. Employees responsible for serving as 'present preventive resources' during the execution of activities or processes that by regulation are considered as dangerous or as being of extraordinary risk.....
  - None of the above .....

**E.1 For those who have answered “The business owner has designated one or more employees responsible for occupational risk prevention” (option 1 of Q. 23:).**

**Q.23 How many *designated employees* appointed by the business owner are there at this workplace?**

	Men	Women	Total
Nº designated employees .....	_____	_____	_____

**IF THE ANSWER IS NONE (0) MOVE ON TO THE NEXT SET OF QUESTIONS CORRESPONDING TO THE OPTIONS MARKED IN Q. 22 (OPTIONS 2 AND/OR 4) OR ONCE THESE ARE COMPLETE, MOVE ON TO Q. 31.**

**Q.24 Did the *designate employee(s)* have training and/or experience in health and safety at work when they were appointed?**

	Nº designated employees
• No	
• Yes, training	
• Yes, experience	
• Yes, training and experience	
• Total	

**Q.25 Has/have the *designated employee(s)* received training on health and safety at work since their appointment?**

	Nº designated employees
• No	
• Yes, less than 30 hours	
• Yes, basic level course (30 or 50 hours)	
• Yes, intermediate level course (300 hours)	
• Yes, high level course (600 hours)	

**E.2 For those who answered “The company has an internal prevention service” (option 2 of Q. 22).**

**Q.26 Of the people who make up this self-managed prevention service, how many carry out...?**

	Men	Women	Total
• High level functions.....	_____	_____	_____
• Intermediate level functions .....	_____	_____	_____
• Basic level functions .....	_____	_____	_____

**Q.27 Of the persons of the internal prevention service who carry out upper level functions, what preventive specialties do they perform? (MULTIPLE RESPONSES ARE POSSIBLE)**

- Workplace safety.....
- Industrial hygiene..
- Ergonomics and psychosociology .....
- Occupational medicine.....

**E.3 For those who answered that “An external prevention service is used” (option 4 of Q. 22).**

**Q.28 With what entity has your business contracted the external prevention service?**

With the Prevention Company associated with your mutual insurance company for accidents at work and occupational diseases .....

- With other external prevention services.....
- With both.....

**Q.29 What preventive specialties and/or preventive activities do you have contracted with the external prevention service and indicate in each case with which type of entity you have them contracted?**

*Mark with an X the preventive specialty(ies) and/or preventive activity(ies) you have contracted, placing each X according to the type of entity with which you have them contracted. As it is possible to have contracts with various different specialised entities, to distinguish them, they have been named as A, B, and C. In the case that you only have contracts with one specialised entity, place the X in the box corresponding to column A.*

	Preventive Specialty	Type of entity			
		Prevention Company associated with your insurance company	Other external prevention services		
			A	B	C
<b>Preventive Specialty</b>	<ul style="list-style-type: none"> <li>• Workplace safety.....</li> <li>• Industrial hygiene.....</li> <li>• Ergonomics and psychosociology .....</li> <li>• Occupational medicine. ....</li> </ul>				

(continued...)

(continued...)

	Contracted prevention activities	Type of Entity			
		Prevention Company associated with your insurance company	Other external prevention services		
			A	B	C
<b>Prevention activities</b>	<ul style="list-style-type: none"> <li>• Elaboration of a prevention Plan.....</li> <li>• Planning the preventive activity.....</li> <li>• Creating documentation derived from the prevention Plan.....</li> <li>• Risk assessments and their updates.....</li> <li>• Follow-up and verification of the efficiency of preventive measures implemented.....</li> <li>• Specific medical surveillance .....</li> <li>• The external prevention service acting as a mandatory presence of preventive resource.....</li> <li>• Coordination of business activities in preventive matters.....</li> <li>• Information for employees.....</li> <li>• Training for employees.....</li> <li>• Periodic checks on working conditions and employee activities....</li> <li>• Accidents at work investigation.....</li> <li>• Emergency action measures.....</li> <li>• Annual report of preventive activities.....</li> <li>• Other. Specify: _____</li> </ul>				

**Q.30 In general terms, rate the degree of satisfaction of your business with the following actions of the external prevention service(s) with which you have contracts:**

	Very satisfied	Satisfied	Somewhat satisfied	Not at all satisfied
• Ease of carrying out consultations				
• Speed of response				
• Compliance with contracted activities				
• Compliance with the planning foreseen				
• Time dedicated				
• Applicability of solutions and preventive measures recommended				

**FOR ALL**

**F. OCCUPATIONAL RISK PREVENTION ACTIVITIES**

**Q.31 At this workplace, has an assessment of risks to the safety and health of employees been made?**

• Yes, it has been made	In the whole centre	
	In part of the centre	
• No, it has not been made	But it is foreseen	
	It is not foreseen	
• It is currently being made		

→ SKIP TO Q. 35  
 → SKIP TO Q. 35  
 → SKIP TO Q. 35

**P.32b Question deleted in this questionnaire**

**Q.32 At this workplace, indicate if the risk assessment has been updated when these risks may have been affected by:**



	Yes, it has been reviewed	This circumstance has not occurred	No
• The selection of work equipment			
• The selection of chemical substances/compounds			
• The modification of the facilities or conditions of workplaces			
• The change of working conditions			
• The incorporation of an employee whose personal characteristics or known medical status have made them particularly sensitive to workplace conditions			
• Negative health effects have resulted (accidents and/or diseases)			
• When noted, through periodic checks, that preventive activities are inadequate or insufficient			

P.33b **Question deleted in this questionnaire**

Q.33 Are employees informed of the results of risk assessments affecting their job or function?

Yes .....

No ..... → SKIP TO Q. 36

P.34b **Question deleted in this questionnaire**

Q.34 How and by whom are employees informed of the results of risk assessments affecting their job or function?

	The business owner/manager	Direct supervisors	Prevention representatives	Technicians of the Prevention Service	Designated employees
• Verbally					
• In writing					

P.35b **Question deleted in this questionnaire**

Q.35 Have employees at this workplace been offered a medical check-up in the last year?

• Yes, general physicals.....

• Yes, physicals related specifically to their occupational risks.....

• No ..... → SKIP TO Q. 38

Q.36 Where are these medical check-ups carried out? (MULTIPLE RESPONSES ARE POSSIBLE)

• In a Trust clinic.....

• In the facilities of the external prevention service/Prevention Company.....

• In a Mobile Unit.....

• In the facilities of the Internal Prevention Service.....

• In business facilities temporarily allocated for this activity.....

• Other location. Specify: \_\_\_\_\_

**Q.37** Indicate what other activities related to occupational risk prevention have been implemented or are being implemented at this workplace:

	Yes	It is foreseen	No
• Elaboration of the prevention Plan			
• Planning the preventive activity			
• Establishing priorities and checks on the efficiency of preventive activities			
• Definition of emergency measures			
• Practices derived from the emergency plan (evacuation simulations...)			
• Drafting a self-protection plan			
• Training in workplace health and safety			
• Information on occupational risks and measures adopted			
• Work accident investigations			
• Assigning to supervisors the responsibility of including prevention in all decision-making			
• Other. Specify: _____			

**Q.38** During the last two years, indicate if the following aspects have been assessed at this workplace, and if yes, if measures have been adopted:

	Has NOT been assessed	Yes, it has been assessed → Have measures been adopted?		
		Was not needed	No, but we are considering it	Yes
• Safety of machinery, equipment, materials, and work facilities				
• Hazardous, noxious, or toxic chemical products or substances				
• Working postures, physical strains, and repetitive movements				
• Biological agents (bacteria, protozoa, viruses, fungi, and parasites)				
• Physical agents (noise, vibrations, radiation, temperature and humidity, etc.)				
• Workplace design (furniture, space, surfaces etc.)				
• Psychosocial factors and organisational aspects (work hours, breaks, rhythm, stress, etc.)				
•				

**P.39b** *Question deleted in this questionnaire*

**ONLY FOR THOSE WHO ANSWERED THAT THEY HAD AN "OTHER (EXTERNAL) PAYROLL" IN Q. 5.**

**Q.39** In the case of corporate concurrence (presence of employees from various companies at the same workplace), indicate what coordination measures are taken at your workplace:

	YES	NO
• Exchange of preventive information among concurrent companies		
• Periodic meetings between concurrent companies		
• Joint meetings of the Health and Safety Committee, Business Owners, and Prevention Representatives		
• Imparting joint instructions appropriate for existing risks		
• Joint establishment of preventive measures and procedures		
• Existence of a Coordinator for preventive activities		
• Other. Specify: _____		

**P.40b** *Question deleted in this questionnaire*

**FOR ALL**

**Q.40** During the last two years, have any training activities on health and safety at work been held at this workplace?

- Yes .....
- No ..... → SKIP TO Q. 45

**Q.41** What groups at this workplace received this training?

	YES	NO	DO NOT EXIST
• Persons who specifically carry out health and safety functions			
• Upper management (executives)			
• Immediate supervisors (middle management)			
• All other employees			
• SubContract personnel			

**Q.42** What has/have been the reason(s) for said health and safety at work training? (MULTIPLE RESPONSES ARE POSSIBLE)

- Hiring new employees.....
- Assigning preventive functions to certain employees.....
- A change in the functions performed by an employee.....
- The incorporation of new technologies.....
- A change in working equipment.....
- Request by employees or their representatives.....
- Risks detected in the risk assessment.....
- Investigation into a work-related accident or illness.....
- General improvement of training on the subject.....
- Other. Specify: \_\_\_\_\_

**Q.43** What entity or entities have carried out said training? (MULTIPLE RESPONSES ARE POSSIBLE)

- The company itself (including *Internal prevention service, joint prevention service, and Designated employee*) .....
- Public administrations (state, autonomous, or local).....
- Professional associations or organisations.....
- Employers' organisations.....
- Trade Unions.....
- Universities or academic institutions.....
- Private advisers and consultants.. ..
- Suppliers of machinery, products, or personal protective equipment, etc.....
- External prevention service .....
- Mutual insurance company for accidents at work and occupational diseases.....
- Other. Specify: \_\_\_\_\_

**G. INVESTMENTS IN MACHINERY AND WORK EQUIPMENT**

**Q.44** In the last two years, of the total machinery acquired or renovated at this workplace (excluding computing equipment), what percentage is NEW machinery?

- No machinery has been acquired or renovated ..... → SKIP TO Q. 49
- Up to 10% .....
- 11% - 30% .....
- 31% - 50% .....
- 51% - 70% .....
- 71% - 90% .....
- Over 90% .....

**Q.45 Regarding the NEW machinery acquired in the last two years:**

	The majority YES	The majority NO	Do not know
Did it carry the "CE" mark?			
Was it accompanied by a "CE" declaration of conformity to the machinery safety directive?			
Did it include an instruction manual in Spanish?			

**Q.46 For the acquisition of machinery or work equipment, are purchase specifications established (terms and conditions) in which the intended use(s) and the conditions under which the machinery or work equipment will be used are clearly defined, as well as the requirement to abide by applicable regulation?**

- Yes, almost always .....
- No, almost never ..... → SKIP TO Q. 49

**Q.47 For the acceptance of machinery, before it is put into service, is there a receiving system in place for the equipment in which it is verified whether the specifications of the terms and conditions are met and that the applicable regulation is complied with?**

- Yes, almost always .....
- No, almost never .....

**H. NEGATIVE HEALTH EFFECTS**

**Q.48 In the last two years, indicate the number of accidents at work (excluding "in itinere" accidents) and diseases occurring at the workplace:**

*"In itinere" accidents include those accidents that took place on the way from the employee's residence to the workplace and from the workplace to his or her residence. If the answer is none, please mark a 0 on the corresponding blank.*

- Minor accidents resulting in sick leave..... \_\_\_\_\_
- Serious accidents ..... \_\_\_\_\_
- Fatal accidents ..... \_\_\_\_\_
- Occupational diseases ..... \_\_\_\_\_
- No work-related accident or illness .....

**Q.49 Distribute the number of affected employees based on their progress in the business following the accident or illness.**

	Minor accidents resulting in sick leave	Serious accidents	Work-related diseases
• The affected employee was isolated from the risk and moved to another workplace			
• The workplace was modified and the affected employee remained at the same workplace			
• The affected employee continued in the same workplace without any modification being carried out			
• The affected employee is still on leave as a result of the work-related accident or illness			
• The affected employee left the business at their own request			
• The affected employee left the business following the evaluation of Social Security INSS/EVI (disability)			
• The affected employee left the business due to other circumstances			
• The victim died as a result of the accident or illness			

**Q.50** Indicate what persons or entities investigated said accidents and/or diseases and the number investigated in each case.

	Accidents at work leading to sick leave (minor and serious)	Occupational diseases
• Has not been investigated.		
• Enterprise personnel ( <i>including Designated Employee, Internal prevention service, and Joint prevention service</i> )		
• External prevention service		
• Labour and Social Security Inspectorate		
• Technical body of the Autonomous Community.		
• Other. Specify: _____		

**ONLY FOR THOSE WHO HAVE REPORTED HAVING HAD ACCIDENTS (MINOR, SERIOUS, OR FATAL) AT THE WORKPLACE IN THE LAST TWO YEARS (Q.48)**

**Q.51** Indicate, from the following options, what the primary causes were of the accidents that took place at your workplace in the last two years: (MULTIPLE RESPONSES ARE POSSIBLE)

- Uncovered openings or holes, stairs or platforms in disrepair.....
- Lack of space, of cleanliness, or disorder .....
- Inadequate or poor maintenance.....
- Safety signs non-existent or poor .....
- Lack of protection for machinery or work equipment, or those present being deficient.....
- Lack or inadequacy of personal protective equipment .....
- Equipment and tools in poor state.....
- Inadequate handling of hazardous products, chemical substances, or materials .....
- Ditches, slopes, uneven surfaces, etc. in the terrain that could cause work vehicles to overturn and/or people to fall, slip, or trip.....
- Use of tools, machinery, equipment, or materials not suited for the task.....
- The qualification or experience needed for the task was lacking.....
- Nonexistent or inadequate work instructions.....
- Working without sufficient training and information regarding the hazards and preventive measures.....
- Working too quickly.. ..
- Distractions, carelessness, absentmindedness, or lack of attention.....
- Forced postures or carrying out excessive strain during the task.....
- Tiredness or fatigue .....
- Carrying out abnormal or extraordinary tasks, repairing breakdowns, incidents.....
- Too many continuous work hours.....
- Non-compliance with work instructions.....
- Unpredictability of animals .....
- Traffic-related causes.....
- Other. Specify: \_\_\_\_\_

**Q.52** Are data available on the annual economic costs incurred by these accidents?

- Yes ..... 1
- No ..... 2 →

• **What aspects of the costs of these accidents are accounted for?** (MULTIPLE RESPONSES ARE POSSIBLE)

- Insured costs: premiums with the mutual insurance company for accidents at work and occupational diseases or INSS (Social Security).....
- Uninsured costs for time lost by colleagues and supervisors.....
- Uninsured costs for first aid.....
- Uninsured costs for damages to facilities, equipment, and materials.....
- Uninsured costs for administrative penalties and legal proceedings.....
- Uninsured costs for reduced production.....
- Uninsured costs for damage to image and market share loss.....
- Costs of activities related to occupational risk prevention.....
- Other uninsured costs. Specify: \_\_\_\_\_

## FOR ALL

### I. GENERAL ASSESSMENT

**Q.53** Regarding the present regulation in effect in the field of occupational risk prevention, rate each of the following aspects of the regulation on a scale of 1 to 5::

Easy to apply			Difficult to apply
Adequate			Excessive
Simple			Complex
Profitable			Not very profitable
Oriented towards all economic sectors			Oriented towards the industrial sector
Oriented towards all payroll sizes			Oriented towards larger businesses
Efficient			Inefficient

**Q.54** In your opinion, what **THREE** main reasons, in order of importance, motivate your business to put in place actions to prevent occupational risks?:

*Mark on the right the number for each of the three main reasons.*

- |   |               |
|---|---------------|
| 1. Comply with current legislation  |               |
| 2. Avoid legal consequences (fines and other penalties)                     | First    ___  |
| 3. Respond to employee and union requirements                               | Second   ___  |
| 4. Protect the business' image  | Third     ___ |
| 5. Improve working conditions and ensure the health and safety of employees |               |
| 6. Economic reasons (cost reduction)  |               |
| 7. Obtain a good working environment  |               |
| 8. Increase the business' competitiveness                                   |               |
| 9. Other reason. Specify: _____   |               |

**Q.55** Please note below any suggestion or issue you feel is relevant to the matter at hand, and which has not been handled in this questionnaire.

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Finally, in order to verify that this survey was conducted and/or to clarify any of the aspects asked herein, please provide your name, position, and a contact telephone number. Thank you very much.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Position held by the person answering this questionnaire:**

- Director / manager / owner .....
- Human resources manager or personnel manager .....
- Safety officer.....
- Administrative officer.....
- Supervisor .....
- Head (or member of the department) of occupational risk prevention.....
- Other. Specify: \_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR CO-OPERATION**