

# Workplace Safety and Health (WSH) Questionnaire

To be filled up by Human Resource (HR) Manager and WSH Officer (or equivalent)

- Please tick  the box provided. Some questions may require you to elaborate further.
- Please indicate "NA" if the question is not applicable to your company.

(Workplace Safety and Health (WSH) Services are activities that aim to maintain and enhance the work abilities of workers in an optimal work environment, to protect the workers' safety and health at workplaces, as well as to prevent occupational and work-related diseases and injuries.)

## SECTION A BACKGROUND INFORMATION

<b>A1. Name of Company</b>	
<b>A2. Address</b>	
<b>A3. Type of Industry (please circle)</b>	Construction Transport & Storage Manufacturing Cleaning Food & Beverage Others (please state): _____
<b>A4. Total Number of Employees</b>	
<b>A5. Type of Company</b>	A5.1 <input type="checkbox"/> Multinational Company (MNC) A5.2 <input type="checkbox"/> Non-SME A5.3 <input type="checkbox"/> SME
<b>A6. How many worksites does your Company have?</b>	

**SECTION B      SPECIFIC COMPANY INFORMATION**

ORGANISATIONAL STRUCTURE	
<p><b>B1. Can you provide the <u>organisational structure</u> of the company?</b></p> <p>B1.1 <input type="checkbox"/> Yes</p> <p>B1.1a <i>If Yes, please provide the structure of the organisation: Please attach a copy</i></p> <p>B1.2 <input type="checkbox"/> No</p>	
<p><b>B2. Does your company have a committee that oversees workplace safety?</b></p> <p>B2.1 <input type="checkbox"/> Yes</p> <p>B2.2 <input type="checkbox"/> No</p> <p>B2.3 <input type="checkbox"/> Not sure</p>	
<p><b>B3. What are the meetings/committees that discuss safety issues?</b></p> <p>B3.1 <input type="checkbox"/> Top management safety meeting (Organisation group level committee meeting)</p> <p>B3.2 <input type="checkbox"/> Safety committee meeting (also referred to as Health &amp; Safety Committee or Environment, Health and Safety (EHS) Committee etc.)</p> <p>B3.3 <input type="checkbox"/> Operations meeting</p> <p>B3.4 <input type="checkbox"/> Toolbox or departmental meeting</p> <p>B3.5 <input type="checkbox"/> Sub-contractor's safety meeting</p> <p><i>The following questions aim to understand the dynamics of the different safety and health committees.</i></p>	
<p><b>B4. Who are the people involved in your company's safety committee? (Tick all that apply)</b></p>	
<p>B4.1 <input type="checkbox"/> Safety personnel</p> <p>B4.2 <input type="checkbox"/> Senior management</p> <p>B4.3 <input type="checkbox"/> Doctor/ Nurse</p> <p>B4.4 <input type="checkbox"/> Human resource personnel</p> <p>B4.5 <input type="checkbox"/> Department heads</p> <p>B4.6 <input type="checkbox"/> On-site WSH officers</p>	<p>B4.7 <input type="checkbox"/> Supervisors</p> <p>B4.8 <input type="checkbox"/> Sub-contractors/ sub-contractor representatives</p> <p>B4.9 <input type="checkbox"/> Employees</p> <p>B4.10 <input type="checkbox"/> Others:</p>
<p><b>B5. Who chairs the workplace safety committee?</b></p> <p>B5.1 <input type="checkbox"/> Senior Management</p> <p>B5.2 <input type="checkbox"/> Head of the Safety department</p> <p>B5.3 <input type="checkbox"/> Human Resource Director/Manager</p> <p>B5.4 <input type="checkbox"/> Others:</p>	
<p><b>B6. Who takes care of the occupational/ workplace health initiatives in your company?</b></p> <p>B6.1 <input type="checkbox"/> Workplace Health committee - A separate committee</p> <p>B6.2 <input type="checkbox"/> Workplace Health committee that is combined with the Safety committee</p> <p style="padding-left: 40px;">(Skip B7 and go to B8)</p> <p>B6.3 <input type="checkbox"/> Others: Please specify _____</p>	

<b>B7. Who are the people involved in occupational/ workplace health initiatives? (Tick all that apply)</b>	
B7.1 <input type="checkbox"/> Head of the Safety Department	B7.7 <input type="checkbox"/> Supervisors
B7.2 <input type="checkbox"/> Senior management	B7.8 <input type="checkbox"/> Sub-contractors/ sub-contractor representatives
B7.3 <input type="checkbox"/> Doctor/ Nurse	B7.9 <input type="checkbox"/> Employees
B7.4 <input type="checkbox"/> Human resource personnel	B7.10 <input type="checkbox"/> Others:
B7.5 <input type="checkbox"/> Department heads	
B7.6 <input type="checkbox"/> On-site WSH officers	
<b>B8. Who takes care of the general health promotion in your company?</b>	
B8.1 <input type="checkbox"/> Sports & recreation committee – a separate committee	
B8.2 <input type="checkbox"/> Human resources department- there is no formal committee but the HR handles all health-related matters.	
B8.3 <input type="checkbox"/> Others: Please specify _____	
<b>B9. Who are the people involved in the general health promotion initiatives? (Tick all that apply)</b>	
B9.1 <input type="checkbox"/> Head of the Safety Department	B9.7 <input type="checkbox"/> Supervisors
B9.2 <input type="checkbox"/> Senior management	B9.8 <input type="checkbox"/> Sub-contractors/ sub-contractor representatives
B9.3 <input type="checkbox"/> Doctor/ Nurse	B9.9 <input type="checkbox"/> Employees
B9.4 <input type="checkbox"/> Human resource personnel	B9.10 <input type="checkbox"/> Workplace Health Promotion Practitioner
B9.5 <input type="checkbox"/> Department heads	B9.11 <input type="checkbox"/> Others:
B9.6 <input type="checkbox"/> WSH officers	
<b>B10. Please provide the structure of all the above mentioned <u>committee(s)</u> in the organisation? [If applicable]</b>	
<i>*Please attach a copy</i>	
<b>GOALS AND OBJECTIVES</b>	
<b>B11. Does the organisation set goals and/or objectives in relation to <u>safety</u> at the workplace?</b>	
B11.1 <input type="checkbox"/> Yes	
B11.1a <i>Please elaborate on the goals and objectives:</i>	
B11.2 <input type="checkbox"/> No	
<b>B12. Does the organisation set goals and/or objectives in relation to <u>occupational health</u> at the workplace?</b>	
B12.1 <input type="checkbox"/> Yes	
B12.1a <i>Please elaborate on the goals and objectives:</i>	
B12.2 <input type="checkbox"/> No	

**B13. Does the organisation set goals and/or objectives in relation to health promotion at the workplace?**

B13.1  Yes

B13.1a *Please elaborate on the goals and objectives:*

B13.2  No

**EMPLOYEES**

*\*as measured against total number of employees*

**Percentage\* of employees who are:**

<b>B14. Permanent employees:</b>	
<b>B15. Temporary employees:</b>	
<b>B16. Contract workers:</b>	

**Percentage\* of employees who are**

<b>B17. 18 to 29 years old:</b>	
<b>B18. 30 to 39 years old:</b>	
<b>B19. 40 to 49 years old:</b>	
<b>B20. 50 to 59 years old:</b>	
<b>B21. 60 to 69 years old:</b>	
<b>B22. 70 years old and above:</b>	

**Percentage\* of employees who are**

<b>B23. Male:</b>	
<b>B24. Female:</b>	

**Percentage\* of employees who are**

<b>B25. Chinese:</b>	
<b>B26. Malay:</b>	
<b>B27. Indian:</b>	
<b>B28. Others:</b>	

**Percentage\* of employees who are**

<b>B29. Singapore Citizen:</b>	
<b>B30. Permanent Resident:</b>	
<b>B31. Foreigner:</b>	

**Sickness Absenteeism for the past one year:**

**Percentage\* (%) of Employees who applied for**

<b>B32. Outpatient Sick Leave</b>	
<b>B33. Hospitalisation Leave</b>	

**Average Number of Sick Leave Days Taken per Employee\* on:**

<b>B34. Outpatient Sick Leave</b>	
<b>B35. Hospitalisation Leave</b>	

**Number of workplace incidents for the past one year:**

<b>B36. Total Work-related accidents (both reportable and non-reportable to MOM)</b>	
<b>B37. Work-related accidents</b> ( <i>reportable to MOM, i.e. Employee injured in accident and died, or hospitalised for more than 24 hours; or given MC for more than 3 calendar days in a row OR A member of public or self-employed contractor who was injured and subsequently died, or was sent to the hospital for treatment</i> )	
<b>B38. Occupational Diseases</b>	
<b>B39. Dangerous Occurrences</b>	
<b>B40. Near-misses</b>	
<b>B41. List what were the top 3 types of workplace incidents (E.g. Slips, trips and falls, noise-induced deafness, fire outbreak, etc)</b>	1. _____ 2. _____ 3. _____

**SECTION C PERSONNEL INVOLVED IN THE WSH SERVICES**

Type of Personnel  In-house: Employees within Company Outsourced: Work done by another company	a.	b.	If YES:	
	YES	NO	No. of Personnel	In-house (I) or Outsourced (O)
<b>C1. WSH Professionals</b>				
C1.1 WSH Auditor/ Consultant	<input type="checkbox"/>	<input type="checkbox"/>	C1.1a1	C1.1a2
C1.2 WSH Officer/ Advisor/ Manager/ Engineer/ Specialist	<input type="checkbox"/>	<input type="checkbox"/>	C1.2a1	C1.2a2
C1.3 WSH Coordinator/ Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	C1.3a1	C1.3a2
C1.4 WSH representative/ Promoter/ Advocate	<input type="checkbox"/>	<input type="checkbox"/>	C1.4a1	C1.4a2
<b>C2. Human Resource personnel</b>	<input type="checkbox"/>	<input type="checkbox"/>	C2.a1	C2.a2
<b>C3. Doctor (please tick, you can tick more than one)</b>				
C3.1 General Practitioner/ Panel doctor	<input type="checkbox"/>	<input type="checkbox"/>	C3.1a1	C3.1a2
C3.2 Designated Workplace Doctor (DWD)* [* Formerly known as Designated Factory Doctor (DFD)]	<input type="checkbox"/>	<input type="checkbox"/>	C3.2a1	C3.2a2
C3.3 Specialist Occupational Physician	<input type="checkbox"/>	<input type="checkbox"/>	C3.3a1	C3.3a2
C3.4 Occupational Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	C3.4a1	C3.4a2
<b>C3.5 Others:</b>				
C3.5.1 Physiotherapist and/or Occupational therapist (to assist with vocational rehabilitation and re-education of injured worker)	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.1a1	C3.5.1a2
C3.5.2 Industrial Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.2a1	C3.5.2a2
C3.5.3 Ergonomist	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.3a1	C3.5.3a2
C3.5.4 Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.4a1	C3.5.4a2
C3.5.5 Nutritionist/ Dietician	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.5a1	C3.5.5a2
C3.5.6 Workplace Health Promotion Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	C3.5.6a1	C3.5.6a2
	<b>a. Yes</b>	<b>b. No</b>	<b>c. Not Applicable</b>	<b>d. Don't know</b>
C4. If your company engages a DWD, is he/she also the same GP or panel doctor who provides medical service to your company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. If your company engages a specialist occupational physician, does he/she also function as the DWD for your company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. If your company employs a nurse, do you know if he/she has a formal qualification in occupational/ industrial health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D TYPES OF WORKPLACE SAFETY AND HEALTH SERVICE PROVIDED

SURVEILLANCE OF WORKERS' HEALTH			
<b>D1. Are the following health examination(s) conducted for employees?</b>			
	a. Yes	b. No	c. Not Applicable
D1.1 Pre-employment examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.2 Post-retirement examination i.e. <i>when staff retire and are re-hired, do they go through a medical examination at that stage?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.3 Periodic medical examination (e.g. yearly hearing test, blood or urine tests for workers exposed to certain hazards at the workplace)  D1.3a1 <i>Please specify Types of Medical tests (If applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.4 Fitness to return to work after "failing" statutory medical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.5 Fitness to return to work medical examination after prolonged (Please state duration _____ ) absence for injuries or health reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.5.a1 <i>(If you answered yes to D1.5)</i> <i>If your company has a policy for fitness to return to work medical examination, please provide a copy of the policy.</i>			
D1.6 Health examination at termination of assignment involving hazards which may cause future health impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.7 General Health Screening (e.g. blood pressure, blood cholesterol and glucose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1.8 Lifestyle and behaviour survey (e.g. smoking, alcohol consumption, physical activity, diet and mental well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL HEALTH CARE AND REHABILITATIVE SERVICES**

**D2. Which of the following services are available?**

	a. Yes	b. No
D2.1 GP-level general health services	<input type="checkbox"/>	<input type="checkbox"/>
D2.2 Inspection and advice on working/ resting/ eating facilities	<input type="checkbox"/>	<input type="checkbox"/>
D2.3 Vocational re-training and rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
D2.4 <input type="checkbox"/> Others		
D2.4a <i>Please specify:</i>		

**D2.5 What is the mode of payment for GP-level general health services?**

- a.  Full payment scheme by company
- b.  Co-payment scheme
- c.  Medical benefits capped at certain amount
- d.  Others: Please specify \_\_\_\_\_

**CURRENT HEALTH PROMOTION and WSH PROGRAMMES**

Activities and practices your organisation currently has to support employee health

**D3. Which programmes do you offer to your employees?**

General Health Promotion programme	a. Yes	b. No
D3.1 Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
D3.2 Nutrition (e.g. Healthy eating)	<input type="checkbox"/>	<input type="checkbox"/>
D3.3 Physical activity/ Exercise	<input type="checkbox"/>	<input type="checkbox"/>
D3.4 Vaccination/ Immunization programmes (e.g. flu)	<input type="checkbox"/>	<input type="checkbox"/>
D3.5 Mental health/ stress management or work/life balance programmes	<input type="checkbox"/>	<input type="checkbox"/>
D3.6 Programmes to screen and treat alcohol and substance misuse	<input type="checkbox"/>	<input type="checkbox"/>
D3.7 (a) Chronic Disease management by GP ( <i>e.g. for high blood pressure, diabetes</i> )	<input type="checkbox"/>	<input type="checkbox"/>
D3.7 (b) Chronic Disease management by GP and health coaching	<input type="checkbox"/>	<input type="checkbox"/>
D3.8 HIV/AIDS/STD/Infectious Diseases Awareness	<input type="checkbox"/>	<input type="checkbox"/>
D3.9 Cancer awareness	<input type="checkbox"/>	<input type="checkbox"/>



D3.10 Other Health Promotion programmes? D3.10a <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Workplace safety and health programme</b>	<b>a. Yes</b>	<b>b. No</b>	<b>c. Not Applicable</b>
D3.11 Training/ Orientation Programme for the workers on safe and healthy work practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.12 Workplace Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.13 Hearing conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.14 Management of Hazardous Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.15 Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.16 Fatigue management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.17 Violence/Abuse at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.18 Radiation Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.19 Laser Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3.20 Other health and safety programmes? ( <i>e.g., back care</i> ) D3.20a <i>Please specify:</i>			

**SECTION E PROCEDURES AND ACTIONS**

<b>PREVENTIVE ACTIONS</b>		
<b>Reporting of events and injuries with the aim of preventing future occurrences</b>		
<b>E1. Which of the following events are to be reported:</b>		
	<b>a. Yes</b>	<b>b. No</b>
E1.1 Dangerous occurrences (e.g. failure of lifting equipment, fire in the workplace)	<input type="checkbox"/>	<input type="checkbox"/>
E1.2 Near-misses (an unplanned event that did not result in injury, illness, or damage – but had the potential to do so e.g. falling objects that do not make contact with individuals, any non-compliance that could have led to an accident)	<input type="checkbox"/>	<input type="checkbox"/>
E1.3 Occupational diseases (e.g. noise-induced hearing loss)	<input type="checkbox"/>	<input type="checkbox"/>
E1.4 Work-related injuries/ accidents (e.g. fall from height)	<input type="checkbox"/>	<input type="checkbox"/>
<b>FIRST AID/ EMERGENCY READINESS</b>		
<b>E2. Which of the following is present?</b>		
	<b>a. Yes</b>	<b>b. No</b>
E2.1 Provision of first-aid service (e.g. first-aider, first-aid box, first-aid room) at the workplace	<input type="checkbox"/>	<input type="checkbox"/>
E2.2 Periodic maintenance and inspection of first-aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
E2.3 Training and re-training of workers / supervisors in emergency response (e.g. fire, chemical spills).	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F

## ROLES AND RESPONSIBILITIES

Which of the following area is present?	a. YES	b. No	c. Not Applicable	If YES: Designation of Company Person Responsible
<b>HAZARD IDENTIFICATION AND RISK ASSESSMENT</b>				
F1.1 Identification of workplace hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.1a1
F1.2 Identification of workers exposed to specific hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.2a1
F1.3 Identification of individuals with special vulnerabilities (pre-existing medical conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.3a1
F1.4 Periodic review of risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.4a1
<b>SURVEILLANCE OF WORK ENVIRONMENT</b>				
F1.5 Identification, evaluation and measures to eliminate, prevent or reduce exposure to workplace hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.5a1
F1.6 Training and Assessment of Personal Protective Equipment (PPE) usage, including fit testing and monitoring on correct use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.6a1
F1.7 Hygiene monitoring (e.g. noise, chemical)				
F1.7a1 <i>If yes, please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F1.7a2

## SECTION G

## PROVISION OF INFORMATION AND DATA COLLECTION

INFORMATION* (*includes programmes, policies, regulations, events and general information)			
	a. Yes	b. No	
G1. Is information on workplace hazards and risks communicated to the <u>managers/ supervisors</u> responsible for implementing prevention and control measures?	<input type="checkbox"/>	<input type="checkbox"/>	
G2. Is information regarding the possible workplace hazards and risks communicated to the <u>employees</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
RECORD KEEPING			
G3. Please indicate the type(s) of records which are available:			
	a. YES	b. No	c. Not Applicable
G3.1 General Health Examination Data ( <i>e.g. pre-employment medical check-up, health screening</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.2 Results of medical surveillance ( <i>e.g. hearing test for workers exposed to noise</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.3 Results of Hygiene surveillance ( <i>e.g. monitoring of noise level, indoor air quality, etc</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.4 Risk assessments and documents for preventive and control measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.5 Lifestyle and behaviour survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3.6 Others (If applicable)			
G3.6a <i>Please specify:</i>			
ORIENTATION AND PLANNING			
G4. Which of the following statistics are available:			
	a. YES*	b. No	c. Not Applicable
G4.1 Statistics on Dangerous Occurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.2 Statistics on Near-misses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.3 Statistics on Occupational Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.4 Statistics on Work-Related injuries/ accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.5 Statistics on Sickness Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4.6 Statistics on Employees' health status, lifestyle and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If you have a Service Provider to help analyze your safety data across your workers' health, do share your company's incident data (if possible, breakdown by occupation, accident type and department) over the past 3 years with the Service Provider.			