Occupational health and safety refers to anything that an organization implements into the workplace that will make it free from any health hazards and create an environment that is as safe as possible for its employees. Occupational health can also refer to programs and services offered by employers to help employees improve their overall health. Proper measures implemented into the workplace help prevent workplace injuries and accidents.

Please help us measure your workplace health and safety initiatives.

What is the name of your business?

Please select the category that best describes your business.

- Agricultural
- Automotive
- Professional services
- Business: consulting, marketing, advertising, management, services
- Business: financial, banking, insurance
- Consumer Goods
- Industrial Goods
- Retail
- Entertainment, media, film, broadcasting
- Food service
- Manufacturing, factory, mechanical work
- Engineering, construction trades, real estate
- Healthcare, dental, pharmaceutical
- Legal
- Education
- Non-profit
- Government
- Transportation
- Travel, tourism
- Technology
- Telecommunications
- Computer, software, hardware
- Energy, oil & gas, utilities
- Other (please specify below)

Please select the response that best describes the current occupational health and safety activities in your organization.

- We have no defined occupational health and safety program in our organization.
- We occasionally have sessions with employees related to health and safety issues in the workplace, including discussing new regulations regarding the workplace and use our own staff to administer these sessions.
- We occasionally have sessions with employees related to health and safety issues in the workplace, including discussing regulations regarding the workplace and hire outside consultants to administer these sessions to employees.
- We have regularly scheduled health and safety sessions for our employees administered by our own health and safety personnel.
- We have regularly scheduled health and safety sessions for our employees administered by outside consultant(s).
Please check "Yes" or "No" if your business offers any of the following programs. If "Yes" please check your level of satisfaction with that program. If "No" indicate whether your company would be willing to fund the program.

**Drug testing**

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**Work site health and wellness checks: blood test, checking vital signs, heart risk profiles**

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**Onsite immunizations**

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**Health risk assessments and design or program to improve health**

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Please check "Yes" or "No" if your business offers any of the following programs. If "Yes" please check your level of satisfaction with that program. If "No" indicate whether your company would be willing to fund the program.

### Hearing conservation program

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### On-site nurse for designated periods of time each week

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### Pulmonary function tests

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### Pre-employment screening

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</table>
Please check "Yes" or "No" if your business offers any of the following programs. If "Yes" please check your level of satisfaction with that program. If "No" indicate whether your company would be willing to fund the program.

### Job description development or review for essential job requirements

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### Organization and management of a Worker's Compensation/return to work program including treatment for initial injury, determining potential for return to work, providing treatment, organized as an integrated program for the employee and employer

<table>
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### Work site evaluation for health and safety and recommendations related to improving the work site (e.g., body mechanics, work station set-up, injury prevention)

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### Training programs for physical conditioning for work that requires higher levels of physical capability

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Please check "Yes" or "No" if your business offers any of the following programs. If "Yes" please check your level of satisfaction with that program. If "No" indicate whether your company would be willing to fund the program.

On site presentations (e.g. lunch hour program or other convenient time, related to health and wellness topics, selected by your workforce)

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Review of all policies and procedures to ensure compliance with all OSHA and other agency regulations

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Does your company offer a program not listed previously? If yes, describe the program and state your satisfaction level with it.

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<thead>
<tr>
<th>Program Name / Description</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
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Is there a program not mentioned in this survey that your company would like to offer? If yes, please name it below and note if your organization is willing to pay for the program.

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<thead>
<tr>
<th>Program Name / Description</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
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If your organization uses an outside company or consultant to provide the above programs, please list the name(s) of the company or consultant.

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<th>Company / Consultant Name</th>
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If your company offers any of the programs listed at the beginning of the survey, please select the statement that best applies to your organization.

- [ ] We have a designated budget for health and safety programs
- [ ] Our organization is willing to negotiate a “match” or “co-pay” payment program to employees to put toward programs that relate directly to employees’ overall health and wellness (e.g. screening program, health risk assessment).
- [ ] Our organization is very interested in a program that will reduce our Worker’s Compensation costs and are willing to pay any program that is demonstrated to be successful.
- [ ] We do not have a designated budget for health and safety programs, but our organization is willing to spend money on programs that would add value to our company and our employees.
- [ ] Our organization does not have resources available to do more than meet the basic requirements.
Does your company currently use a clinic or medical facility for employees with a workplace injury?

☐ Yes  ☐ No (If no, skip section)

If yes, what is the name of the clinic or medical facility?


Please rate your level of satisfaction with the service of the clinic or medical facility named above.

☐ Very satisfied  ☐ Satisfied  ☐ Neutral  ☐ Somewhat dissatisfied  ☐ Very dissatisfied

Why are you dissatisfied with the service that you received at the clinic you named above?


Are there any services that you would like to see available at the clinic or medical facility that are not currently available?


NSU General Hospital is evaluating the expansion of their occupational health and safety programs for businesses in our region. Please select the statement that best describes your organization.

☐ We are satisfied with the way we currently offer occupational health and safety programs using the services of NSU General Hospital

☐ We are satisfied with the way we currently offer occupational health and safety programs and would not consider programs offered by NSU General Hospital at this time

☐ We are satisfied with the way we currently offer occupational health and safety programs and but would consider programs offered by NSU General Hospital

☐ We are satisfied with the company/consultant that we use for occupational health and safety programs and are not motivated to change

☐ We would be open to listening and evaluating the programs offered by NSU General Hospital

☐ We would not be interested in using NSU General Hospital for any programs
NSU General Hospital is planning to create several focus groups to discuss in-depth issues related to occupational health and safety needs of businesses in our area. If you would like to participate, please provide your information below.

Name
Title
Organization / Company Name
Address
City
State
Zip Code
Phone
Fax
Email address

End of survey.
Thank you for your participation.