

Workplace Safety Perception Questionnaire

Name

Department

Role/Position

Years with Organization

1. I feel safe while working at my workplace.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

2. Management supports workplace safety initiatives.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

3. I have received sufficient safety training.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

4. Safety equipment and resources are easily accessible.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

5. I know how to report safety concerns or incidents.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

6. Please share any suggestions or concerns regarding workplace safety.