

QUESTIONNAIRES

**Occupational Safety Training of Construction Site Technicians
(On your answer, please put a ✓; all information confidential)**

Part I

1. Name (optional) : _____ 2. Name of your Company (optional) : _____

3. Nature of the company :

- civil engineering contractor building contractor domestic sub-contractor specialist sub-contractor
 consultant Government lab tech. other, please specify _____

4. Your site employs :

- less than 20 employees NOT less than 20 employees do not know

5. Your company is implementing a Safety Management System.

- Yes No

If your answer to Q. 5 is YES, please answer Q. 5(a) :

5(a). How many year(s) your company is running Safety Management System :

_____ (years)

6. Your position in the company:

- foreman / assistant foreman work supervisor assistant site agent
 assistant Engineer land surveyor site coordinator
 safety supervisor other, please, specify _____

7. Your total experience in the construction industry : _____ (years)

8. The highest level of Education reached :

- primary craft cert. secondary vocational cert.
 ordinary cert. higher cert. or higher other , please specify

**9. You have participated in the following types of work in safety
(you may answer more than one) :**

- supervise work procedures
- inspect site safety precaution
- record inspection results
- carry out work safely
- train workers
- supervise and instruct workers on the use of PPE
- report hazards identified
- inspect plants and lifting appliances safety installation
- submit and execute a method statement
- report incident
- risk assessment
- take part in safety committee
- other, please specify _____

END OF PART I

Part II

10. You have received Construction Industry Safety Green Card or Silver Card training in the past three years.

- Yes No

If your answer to Q. 10 is YES, please answer Q. 10(a) :

10(a). The training described in Q.10 is sufficient.

- Yes No

11. You have received training in safety and safe working procedures (other than the Green Card or Silver Card) in the past 3 years.

- Yes No

If your answer to Q. 11 is YES, please answer Q. 11(a), 11(b), 11(c) :

11(a). Number of hours per year of safety training received :

- 1-7 hrs 8 – 16 hrs 17 – 24 hrs 25- 32 hrs
 33 – 40 hrs 41 – 48 hrs > 48 hrs

11(b). Your company is implementing the following in-house safety training, (you can choose more than one).

- Toolbox training
- Refresher training
- Ongoing training
- Others, please specify _____
- Nil

11(c). The training described in Q.11(b) is effective.

- Yes
- No

12. You need more training in safety and safe working procedures in order to carry out your work.

- agree
- Not agree

13. There is/are Safety Officer or Safety Supervisor(s) working in your site.

- Yes
- No

If your answer to Q.13 is YES, please answer Q. 13(a) :

13(a). The Safety Officer /Safety Supervisor(s) are available from time to time to provide sufficient advise to help you carry out your work.

- Yes
- No

14. Your employer is willing to sponsor you to safety training course(s).

- Yes
- No

END OF PART II

Part III

15. Legal responsibilities

	Training Received	The training is essential
15 (i) Construction (Safety) Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 (ii) Electricity Safety Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 (iii) Fire Precautions in Notifiable Workplace Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 (iv) Protection of Eye Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15 (v) Lifting Appliances and Lifting Gear Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 (vi) Working in Confined Spaces Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 (vii) Occupational Safety & Health Ordinance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

16 Contractual Obligation

	Training Received	The training is essential
Safety Clauses in the Conditions of Contract and Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Safe working Procedures & Occupational Health

	Training Received	The training is essential
17(i) Site Safety Code of Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17(ii) Accident prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17(iii) Occupational Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Use of PPE

	Training Received	The training is essential
Use of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Safety Management

	Training Received	The training is essential
Safety Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. You are willing to spend an average of 42 hours per year in safety training

Yes No

21. List any training that you would consider necessary in order to carry out your duties : _____

**END OF PART III
END OF QUESTIONNAIRE (Thank You)**
