Questionnaire - Employees

Introduction

I am Manisha Shinde, a researcher, doing my Ph.D. Degree. Besides my academic interest attached to this questionnaire, I strive hard to complete this research to make sure that my findings will somehow help the managers, the government to understand and realise some important issues. I promise that whatever information has been collected from you shall be kept strictly confidential and will not be used for any other purposes except academic. I also promise that whatever information has been taken from you would not be used as a proof against you. The questionnaire that you have filled will also not be shown or discussed with your boss or manager. So it is a humble request that you kindly answer all the questions truthfully and to the best of your knowledge. This will help me to keep my research genuine and useful to all the people who read it.

Section I

1 Age in years
2 Gender
3 Marital Status
4 Occupation of the spouse
5 Designation
6 Total Experience as an Industrial labourer
7 Number of years in the current company
8 Number of Members in the family
10 Number of Dependents

11 Salary paid, Approximately per annum Rs.

12 Type of House/ Home / Residence
   Staff Quarters, Rent Free
   Rented
   Owned

13 Do you consume Tobacco? Yes No
14 Do you consume Alcohol? Yes No
Section II

15 Types of hazard associated with your job:

1. Sound Pollution, affecting the physical and mental health
2. Air pollutants that can cause irritation
3. Any other physical / orthopaedical stress
4. Dangerous machines, which can cause fatal, or serious injuries
5. Mental stress leading to other chronic/ acute physical disorders

16 Do you have any medical problems?  Yes  No
   If Yes, have they directly arisen because of the type of work you do?  Yes  No  Not Aware
17 Have you ever seen any one around you, suffering of health problems arising only because of the type of work they do?  Yes  No

18 How often do you go for a medical check up?  _____ times every 6 months.

19 Are the medical checkups provided by the organization you work in?  Yes  No
   If yes, what is the frequency of such medical checkups,  -  _____ Times every 6 mths
   And, if the answer to Q.19 is yes, has the company made it mandatory for you to go for medical checkups?  Yes  No

20 DO you feel that the occupation that you are in right now is hazardous in nature?  Yes  No
21 If yes, or if no, please mention the reason:

______________________________________________________________________________
______________________________________________________________________________

22 Does the hazardous nature of your demotivate you from continuing to do this job?  Yes  No

Are you planning to change the job soon and shift to a non hazardous job?  Yes  No

If, yes perfect safety equipment is provided to you, will that motivate you to continue with the same job?  Yes  No

23 Do you use any safety equipment?  Yes  No

24 Is safety equipment necessary while performing your job?  Yes  No

25 Is safety equipment usage compulsory while performing your job?  Yes  No

26 Do you often get physically stressed while performing your job?  Yes  No

27 Number of days that you were absent from the job because of health issues  _____ days past 3 mths
28. Do you think insurance is very important for every employee of your company?

| Yes | No |

29. Does the company pay any separate compensation to the employees, or their family members in case of losses caused due to accidents?

| Yes | No |

30. If yes, then do you personally feel that the compensation is enough?

| Yes | No |

31. Does the company take intensive care of the employees to make sure that they do not suffer with occupational hazards?

| Yes | No |

32. Can you say "My company actually follows all the provisions laid by the Safety provision act"

| Yes | No |

33. If the answer is no, is it because-

| 1. You are not aware of the act, so you cannot make a statement |
| 2. The company does not follow all the provisions. |

34. If you are not aware of the Safety Provisions Legislations, please answer the following:

1. Is it that you are totally unaware, and never heard of such act?

| Yes | No |

2. Have you been offered any awareness program by any organization, trade union?

| Yes | No |

3. Has the company taken any efforts for giving you information of such act?

| Yes | No |

35. Do you think that good quality safety equipment helps you to work fearlessly and increases your productivity?

| Yes | No |

36. Does the company maintain a record/ targets of "No Accidents"?

| Yes | No |

37. Do you feel that Safety Inspectors appointed by the government seem to fail in achieving the designated objectives?

| Yes | No |

38. How frequently according to your knowledge does the safety inspector visit your workshop? __ times every 3 months

| Yes | No |

39. Does the inspector provide you any guidelines related to safety measures?

| Yes | No |

40. Have you received any training to avoid accidental situations

| Yes | No |

41. Have you ever undergone Fire Fighting or Disaster Management Training?

| Yes | No |

42. Does your organization:-

a. Update safety equipments with reasonable frequency?

| Yes | No |

b. Provide proper ventilation at work?

| Yes | No |

c. Frequently arrange of seminars on safety?

| Yes | No |

43. Do you pay for any of your own safety equipment?

| Yes | No |
Section III

44 Rate the quality of the safety equipment that you use

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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</thead>
</table>

45 In your case, have the safety provisions ever saved you of any accident, hazard?

Yes  No

46 Do you think that safety equipments like helmets, gloves are actually useless? (Regardless of the type of work that you do)

Yes  No

47 Do you feel comfortable working with the safety equipment?

Yes  No

48 Does your job include operation of prime movers or of any transmission machinery?

Yes  No

49 Are you told to carry out any mounting or shipping of belts or lubrication or make any adjustments when the machinery is in motion?

Yes  No

50 Do you often get dehydrated and feel hot and sweat more than usual, as compared to outside within the workshop?

Yes  No

51 In case of handling dangerous machines, have you/ were you given enough training before handling such machine?

Yes  No

52 Did such machine handling expert supervise your activity for the first few instances?

Yes  No

53 Are Lifting machines, chains, ropes and lifting tackles etc, maintained regularly?

Yes  No

54 Are Floors, stairs and means of access such as ladders etc, properly constructed

If yes, are maintained regularly?

How frequently does cleaning of such means of access take place

___ times a month
55. Does your job involve your eyes being exposed to excessive light or particles or fragments thrown off in the course of any process?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
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<tbody>
<tr>
<td></td>
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If yes, are you provided with safety goggles or mask?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

56. Does your job require you to take Precautions against dangerous fumes, gases, etc.

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
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</table>

If yes, is suitable breathing apparatus provided?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

57. Do you think that the organization has provided for safe means of escape for all persons in the event of a fire?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

58. Are the necessary equipment and facilities for extinguishing fire provided?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

59. Is there proper Casing for all the parts of machinery which may be dangerous?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Questionnaire - Managers

Introduction

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Section I

1 Age in
2 Gender
3 Designation
4 Educational Qualification
5 Total Experience as a manager
6 Number of years in the current company Male: ___ Female ___ Children ___
7 Number of Workers in the factory
8 Approximate number of working machines
9 Machines which are dangerous out of the above
10 Is there a housing or fencing for every moving part of all the machines within the workshop?
11 How many days of training is provided to workers before they start working on dangerous machines?
12 How well do carry out any mounting or shipping of belts or lubrication or make any adjustments when the machinery is in motion?
   1. Very Well
   2. Good Enough
   3. Poorly
   4. Carelessly
   5. Not Allowed
13 How frequently cranes and other machines are checked for safety? ___ times 3 mths
14 Do you feel the need of adequate supervision by an expert for a person who works on a dangerous machine? Yes ___ No ___
15 How frequently does the Safety Inspector Visit the premises? ___ times every 6 months
16 Rate the strictness of the Safety Inspector

1. Extremely Strict
2. Strict
3. Not so Strict
4. Lenient
5. Very Lenient

16 What is the frequency of minor accidents that happen in your company?

____ times every six months

During your tenure in this company how many accidents were fatal?

17 How many accidents happened in the factory according to your knowledge that resulted in partial / complete disability for the workers?

18 Which scheme of compensation / rehabilitation (if any) is used by the organization in case of such partially or completely disabled employees?

20 If yes, are they strictly according to the provisions laid down by the law?

Yes  No

21 Is the maintenance done by in-house personnel or is it out-sourced?

In house  Out Sourced

22 Do all workers working in the factory have certificate of fitness issued by a certified surgeon?

Yes  No

23 What kind of provision have you made for medical emergencies that may arise?

24 Have you tied up or subscribed for the services of any organization that spreads awareness related to industrial safety?

Yes  No

25 Do you attend all the seminars that are arranged by any such organization?

Yes  No

26 How frequently do you upgrade the safety equipment?

1. ______ every year
2. Need Based Upgrade

27 According to you, are the Safety Inspectors doing a very good job?

Yes  No

28 If yes or no, please elaborate:

29 Have you ever been penalized for not following the safety provisions according to law?

Yes  No

30 If your company has been penalized, what was the reason behind such penalty?
Questionnaire for Inspectors

1. Experience ____ Educational Qualification: 

2. Local Limit / jurisdiction

3. Frequency of Visit

4. Are you provided full cooperation from the managers

5. Do they serve you with required equipment that is needed to make different tests? Like the thermometer etc.

6. How frequently do you deal with incidences of accidents in your area?

7. How many of such accidents have happened due to non adoption of safety measures as laid down by the act?

8. Do you often demand registers and other documents once you visit the premises?

9. Have you charged penalties to any company? If yes how frequently such things take place?

10. What is your general opinion about the way the companies follow the provisions of the acts?

11. Percent wise, how many factories under your area follow the safety provisions laid down by the act?

12. Do you examine the safety provisions?

13. Do the managers strictly follow and implement the advice given by you?

14. For how much time does your visit last in one factory?

15. Do you suggest that certain changes and improvisations must be brought about in the existing laws so that the act becomes more conducive to industrial safety?

16. How many people generally accompany you as assistants on the visit?

17. Do you carry your own measuring equipment? Does the Govt. provide it?

18. If the equipment is provided by the state, how is the quality?

19. Is the measuring equipment upgraded, services and replaced whenever necessary?

20. Do you feel that the remuneration and the pay scales offered to you are not enough?
DO you think that the task force for your area is less and more people should be appointed by the Government so that the visits would be more frequent and useful?

How do you rate the testing and laboratory facility?

What additional measures do you take, other than those required under the act, to make sure that the factories under your jurisdiction remain safe work places?