

SAFETY INCENTIVE SURVEY

Name (Optional) _____

Department _____

Our employees' opinions count! By completing this survey about safety programs, you will be providing us with valuable feedback that will help us with our safety recognition efforts.

1. Would you like to see a program that rewards employees for their safety efforts?

Yes No

If yes, how should safety recognition be given to employees?

Certificates/Plaques Luncheons/Dinners Awards/Gifts Other

2. How often should safety recognition be given?

Monthly
 Quarterly
 Annually
 Combination

3. Who should receive the safety recognition?

Individuals
 Teams
 Combination of each
 Other _____

4. Should all employees participate in the program?

Yes No

If no, why? _____

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5. Should managers and/or supervisors be allowed to participate in the safety award program?

Yes No

If no, why? _____

6. Should safety recognition be publicized within the company?

Yes No

If yes, where? _____

7. Should there be an award that recognizes employees for safety suggestions?

Yes No

If no, why? _____

8. Do you think that a safety program will help promote safety awareness and reduce incidents throughout the company?

Yes No

9. In your opinion, what should the safety award program do?

Thank you for your participation!