

BEHAVIOURAL CLIMATE SURVEY

Please consider each statement carefully and place a 'Tick' in the box that best describes your beliefs & behaviour.

This questionnaire is for analytical purposes only

We would like you to be as accurate & honest as possible

Location: _____

Date: ____/____/____

| | | | | |
|-----------|---|---|--|--|
| 1 | I always wear the correct PPE | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 2 | I feel safe when I am working here | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 3 | I stop working on jobs that feel unsafe | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 4 | I report safety issues to my safety officer or supervisor | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 5 | I question decisions if it means working unsafely | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 6 | I believe safety comes before productivity | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 7 | I leave things safe for others when I have finished working there | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 8 | My safety manager / coach ensures I know about the learning from safety related incidents | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 9 | I ask my safety officer or supervisor to help me solve safety issues | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |
| 10 | I talk to my colleagues and team members about working safely | ALWAYS <input type="checkbox"/> | SOMETIMES <input type="checkbox"/> | NEVER <input type="checkbox"/> |