



HEALTH & SAFETY QUESTIONNAIRE

Company Name: _____ Email: _____

Representative's Name: _____ Phone Number: _____

1. What type of work is your company involved in? _____

2. How many workers does your organization employ? _____

3. Which region(s) does your company service?
(Please specify) _____

4. Do your employees work in groups/crews? Yes / No

If yes, how many different groups/crews are there? _____

5. What is the maximum number of active work sites at any given time? _____

6. What H&S system do you currently have in place? (e.g. H&S manual, standardized inspection sheets, risk assessments for all jobs, equipment inventory/preventative maintenance, etc.) _____

7. Does your organization currently employ a full-time Health & Safety Manager? Yes / No

8. What training do your workers currently have?
(i.e. WHMIS, Working at Heights, Supervisor, etc.) _____

9. What are your critical job tasks? (jobs with high risk of injury/death - i.e. working at heights, confined space, excavating, etc.) _____

10. How do you currently organize your documentation?
(i.e. paper format, digital format, other) _____

11. Have you thought about going paperless? Yes / No

12. Is your company interested in achieving specific safety designation?
(i.e. COR, ISO 9001) Yes / No

13. Have you ever applied for a specific safety designation before? Yes / No

14. What are your health and safety goals and/or expectations? _____