

# SURVEY FORM

Pls fill in this form and send it to Mr Goh Kai Ren via email: kairen@scal.com.sg, Fax: 62733977, Tel: 666193379

**Title: SURVEY FORM ON SCAL WORKPLANS FOR WSH**

SCAL conducts surveys annually to gather feedback from members, so that we can reach out to you and serve you better.

**General Information** (Kindly fill in some general information on your company)

i.	Name of Company :	
ii.	No. of On-going Projects :	
iii.	Contact Person Name & Designation:	
iv.	Email :	
v.	Contact No. :	

**Company's Profile** (Please check/tick whichever category your company belongs to:)

i. BCA Grade / SLOTS:	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	B1	<input type="checkbox"/>	B2	<input type="checkbox"/>	C1	<input type="checkbox"/>	C2 & C3	<input type="checkbox"/>	SLOTS	<input type="checkbox"/>
ii. BizSafe Level:	Star	<input type="checkbox"/>	L4	<input type="checkbox"/>	L3	<input type="checkbox"/>	L2	<input type="checkbox"/>	L1	<input type="checkbox"/>				

**Survey Questionnaires** (Please tick in the box provided)

SN	Questionnaire	Yes	No	Remarks
<b>1. Leadership</b>				
1.1	Has your top management (CEO/ Director/ GM) supported & attended workplace safety & health events_campaigns organised by MOM/ WSHC/ SCAL?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate types of event/ activity/ program: <input type="checkbox"/> WSH Performance Award <input type="checkbox"/> SHARP Award <input type="checkbox"/> WSH Innovation Award <input type="checkbox"/> WSH Risk Management Awards <input type="checkbox"/> WSH Awards for Supervisors <input type="checkbox"/> BizSafe Award <input type="checkbox"/> MOM's Annual Safety Campaign <input type="checkbox"/> SCAL's Annual Safety Campaign <input type="checkbox"/> SCAL's Safety Time-out - Fall Prevention <input type="checkbox"/> SCAL's Safety Time-out - Crane Safety <input type="checkbox"/> SCAL's Safety Time-out - Mozzie Wipe-out <input type="checkbox"/> SCAL's Safety Time-out - Traffic Safety <input type="checkbox"/> SCAL's Inter-Company Project WSH Visits <input type="checkbox"/> Others:
1.2	Has your top management (CEO/ Director/ GM) conducted Management Walk-about/ Joint Site Safety & Health Inspections with subcontractors' management at fixed intervals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate the frequency: <input type="checkbox"/> adhoc ie. no fixed interval <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 6mthly <input type="checkbox"/> yearly
1.3	Has your company organized safety & health campaign events at company level at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate the frequency: <input type="checkbox"/> adhoc ie. no fixed interval <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 6mthly <input type="checkbox"/> yearly
1.4	Has your company organized safety & health campaigns at project level at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate the frequency: <input type="checkbox"/> adhoc ie. no fixed interval <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 6mthly <input type="checkbox"/> yearly
1.5	Has your company implemented schemes to reward/ recognise exemplary safety & health performance of the employees?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate the category: <input type="checkbox"/> Workers <input type="checkbox"/> Supervisors <input type="checkbox"/> Subcontractors
1.6	Has your company established safety & health committee at the workplace/ worksites?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate level: <input type="checkbox"/> Company level <input type="checkbox"/> Project level
1.7	Has your company/ projects implemented Daily Permit-to-Work System for high risk construction activities?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate types of high risk activities: <input type="checkbox"/> Working at Height > 3m <input type="checkbox"/> Lifting using cranes <input type="checkbox"/> Piling Works <input type="checkbox"/> Demolition Works <input type="checkbox"/> Excavation/ Trenching Works > 1.5m deep <input type="checkbox"/> Tunneling Works <input type="checkbox"/> Works in Confined Spaces <input type="checkbox"/> Hot Works
1.8	Has your safety personnel carried out regular sharing sessions on near-miss/ incident/ accident case study?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate means of sharing: <input type="checkbox"/> Mass Toolbox Meetings <input type="checkbox"/> Coordination Meetings <input type="checkbox"/> Safety Committee Meetings <input type="checkbox"/> Newsletters <input type="checkbox"/> Internal emails/ circulations

				<input type="checkbox"/>	Others:
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**Survey Questionnaires** (Please tick in the box provided)

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<b>2. Training</b>																																																
2.1	<p>The following personnel has attended safety &amp; health training :</p> <ul style="list-style-type: none"> <li>* Workers</li> <li>* Supervisors</li> <li>* Managers / Engineers</li> <li>* WSH personnel (WSH Officer / WSH Coordinator / WSH Specialists)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If yes, please indicate average training hours per worker per year &amp; type of training :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>&lt; 4hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;4hrs &lt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>Work at Height for Workers Training</td></tr> <tr><td><input type="checkbox"/></td><td>Traffic Controller</td></tr> <tr><td><input type="checkbox"/></td><td>Others (Please indicate):</td></tr> </table> <p>If yes, please indicate average training hours per supervisor per year &amp; type of training :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>&lt; 4hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;4hrs &lt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt; 8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>Work at Height for Supervisors Training</td></tr> <tr><td><input type="checkbox"/></td><td>Others (Please indicate):</td></tr> </table> <p>If yes, please indicate average training hours per manager / engineer per year :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>&lt; 4hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;4hrs &lt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>Work at Height for Managers Training</td></tr> <tr><td><input type="checkbox"/></td><td>Others (Please indicate):</td></tr> </table> <p>If yes, please indicate average training hours per WSH Personnel per year:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>&lt;4hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt;4hrs &lt;8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>&gt; 8hrs</td></tr> <tr><td><input type="checkbox"/></td><td>Work at Height for Safety Assessors Training</td></tr> <tr><td><input type="checkbox"/></td><td>Work at Height for Rescuers Training</td></tr> <tr><td><input type="checkbox"/></td><td>Others (Please indicate):</td></tr> </table>	<input type="checkbox"/>	< 4hrs	<input type="checkbox"/>	>4hrs <8hrs	<input type="checkbox"/>	>8hrs	<input type="checkbox"/>	Work at Height for Workers Training	<input type="checkbox"/>	Traffic Controller	<input type="checkbox"/>	Others (Please indicate):	<input type="checkbox"/>	< 4hrs	<input type="checkbox"/>	>4hrs <8hrs	<input type="checkbox"/>	> 8hrs	<input type="checkbox"/>	Work at Height for Supervisors Training	<input type="checkbox"/>	Others (Please indicate):	<input type="checkbox"/>	< 4hrs	<input type="checkbox"/>	>4hrs <8hrs	<input type="checkbox"/>	>8hrs	<input type="checkbox"/>	Work at Height for Managers Training	<input type="checkbox"/>	Others (Please indicate):	<input type="checkbox"/>	<4hrs	<input type="checkbox"/>	>4hrs <8hrs	<input type="checkbox"/>	> 8hrs	<input type="checkbox"/>	Work at Height for Safety Assessors Training	<input type="checkbox"/>	Work at Height for Rescuers Training	<input type="checkbox"/>	Others (Please indicate):
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<b>3. Construction Methods</b>																																																
3.1	Has your company taken up government grants for mechanization to improve Safety, Health and Productivity?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate types of grants:																																												
3.2	Has your company participated in the Annual Safety Innovation Awards?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details:																																												