IDEAS Program: Management Questionnaire

Title: ____________________________

1. What do you feel to be the primary causes(s) of injuries?

__________________________________________________________________________

2. Which of the following statements best describes your company’s approach to Workers Compensation and issues of safety in general?

☐ Needs direction and resource allocation.
☐ Strives to keep claim activity level.
☐ Maintains current industry standards.

3. Do you think that Workers Compensation issues should be treated as an ongoing operating problem that would best be minimized by the adoption of an appropriate operating plan?

☐ Yes
☐ No
☐ Company does so now

4. Name five specific safety practices that your company currently employs.

(1) ____________________________
(2) ____________________________
(3) ____________________________
(4) ____________________________
(5) ____________________________

5. How are Workers Compensation goals and results evaluated by senior management?

__________________________________________________________________________

__________________________________________________________________________

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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6. Describe the process of information flow relative both to this review and Workers Compensation issues in general.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Do you think that the implementation of an injury reduction program would benefit your company in terms of Workers Compensation expense?  
☐ Yes  ☐ No

8. How often are you in the facility directly interacting, or otherwise accessible, to employees?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Which statement below most accurately characterizes the nature of your casual contact with your employees in the workplace?

☐ I have very little contact with regular employees.
☐ I generally have contact with supervisory employees only.
☐ I have some contact with regular employees whom I have known for some time.
☐ I make it a point to have some contact, whether verbal or non-verbal, with all employees.
☐ I make every effort to have and maintain contact with all employees, whether they are new or long-standing.

10. When you are visiting the facilities, what area of the operations do you generally pay the most attention to?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. If you observe an employee performing an operation in an unsafe manner, do you:

☐ Directly intervene, showing the employee the safe method to follow.
☐ Discuss the matter with the employee’s supervisor.
☐ Other (please describe)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. How many times in the last six months have you directly intervened when you have observed an employee working in an unsafe manner?
13. How many times in the last six months have you observed an employee’s unsafe work habits but chose not to intervene at that time? Please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. What is the percentage of annual turnover?

15. Do you feel that an employee’s tenure, or lack of tenure, has a direct bearing on your company’s loss experience?  Yes  No

16. Do you believe that all the departments within your company should work together to resolve Worker’s Compensation issues?  Yes  No

17. Do you believe that all departments do work together to resolve Worker’s Compensation issues?  Yes  No

18. In the space provided below, please list what recommendations would you make to the departments within your company that you feel would assist them to better address and resolve Workers Compensation issues?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. Briefly describe your perception of the Workers Compensation system and how it operates.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

20. Which, if any, of the statements listed below accurately describes your understanding of Workers Compensation?

   □ I understand how the costs are determined.
   □ I have a general understanding of various underwriting programs.
   □ I have a general understanding of experience modification.
   □ I have a general understanding of how to calculate lost wages.
   □ I have a general understanding of how to calculate temporary total disability.
   □ I generally understand how to calculate permanent partial disability.
   □ I have a good general understanding of the rationale behind modified duty.
   □ I generally understand the elements of a valid Workers Comp. claim.

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21. Which of the following statements most accurately describes your view of modified duty?
   - [ ] We should only bring employees back to work who can perform at 100%.
   - [ ] We should selectively use modified duty depending on the individual, the needs of the department, and the position.
   - [ ] We should use modified duty as soon as specific work restrictions are obtained.

22. How many times within the last six months have you attended a safety committee meeting or some related function?

23. Do you regularly receive copies of safety meetings, self-inspections, and other related functions? □ Yes □ No

24. To what degree do you believe that the use of alcohol/drugs plays a part in employee injuries? Please circle the number which best corresponds to your opinion. (1 = less; 10 = more)

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25. On the same scale, how would you rate the accuracy, or quality, of information that is circulated among your employees concerning such matters as employee suggestions, focus groups, safety committees, etc?

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26. On the same scale, how would you rate the accuracy, or quality, of information that your supervisors transmit to employees, or communicate to you relative to the same issues?

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27. On the following scale, circle the number which best represents your impression of the degree of control that your company can exercise over Workers Compensation issues. (Lower numbers = less control; higher numbers = more)

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28. On the following scale (with lower numbers corresponding to less effectiveness, and higher numbers corresponding to greater effectiveness), please rank your company’s performance in the following areas:

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