# Health and Safety Measures

1. What is your role in the company?

- [ ] Executive/Senior Management

- [ ] Manager

- [ ] Staff/Employee

2. How long have you been with the company?

- [ ] Less than 1 year

- [ ] 1-3 years

- [ ] 3-5 years

- [ ] 5-10 years

- [ ] More than 10 years

4. Do you feel that the company provides adequate resources and support for maintaining good health in the workplace?

- [ ] Yes

- [ ] No

- [ ] Somewhat

5. Are you satisfied with the cleanliness and hygiene standards maintained in the workplace?

- [ ] Very satisfied

- [ ] Satisfied

- [ ] Neutral

- [ ] Dissatisfied

- [ ] Very dissatisfied

7. Have you received adequate training on health and safety protocols in the workplace?

- [ ] Yes

- [ ] No

8. Do you feel that safety concerns raised by employees are addressed promptly by the company?

- [ ] Yes

- [ ] No

- [ ] Sometimes

9. What improvements would you suggest to enhance health and safety measures within the company?

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