

Survey on Personal Fall Arrest Systems

The following survey is conducted by the Department of Industrial, Welding & Systems Engineering at the Ohio State University.

The purpose of this survey is to investigate Personal Fall Arrest Systems in order to reduce fall-related injuries and fatalities in the construction industry. Your participation in this survey is voluntary and anonymous. If you choose to participate, please complete this survey and return it to the researcher. The researcher will not share the information obtained from you with your employer or co-workers. The researcher will not even ask for your name or address. So your responses are strictly confidential. **Please place a checkmark in boxes or write what you think.** There are no right or wrong answers. Please answer each question honestly. The survey takes approximately 10-15 minutes. Thank you for your time, in advance.

We anticipate that we will be able to use what we learn from this survey to help companies employ better designed safety harnesses and fall protection training sessions. These improvements may directly impact you or your fellow construction workers in the future.

If you have questions or require additional information about the survey, please do not hesitate to contact the researcher: Di Liu, (614) 292-1718, or liu.640@osu.edu

If you have questions or concerns about your rights as a research participant contact Sandra Meadows at The Office of Responsible Research Practices, 1-800—678-6251 or 1-614-688-4792).



1. General demographics and information

Age: ___

Gender: ? Male ? Female

Race: ? Black ? Hispanic ? White ? Asian/Pacific Islander ? Other

How many years have you worked as a construction worker in the United States?
___ years and ___ months

What trade do you work most often? (Please check all applicable)

- ? carpenter ? general laborer ? iron worker ? carpet layer
? drywall ? electrician ? heavy equipment operator
? insulation ? painter ? iron worker
? plumber or pipefitter ? sheet metal worker
? bricklayer or mason ? roofer
? heating, ventilation, or air conditioning installer
? other (specify) _____

2. Work conditions

What types of surface conditions are you commonly walking on?

(Please check all applicable)

? Roof ? Ladder ? Scaffold ? Ground ? Other (Please Specify)

What is the most common height in feet when you work? (Check all applicable)

? Less than 6 feet ? 7-10 feet ? 11-15 feet ? 16-20 feet

? 21-25 feet ? More than 25 feet

3. General information on falls

Have you ever experienced falls at the jobsite? ? Yes ? No

If yes, please answer several questions below:

What caused the falls? (Please check all applicable)

- ? Slip ? Trip ? Loss of balance
? Not wearing personal fall arrest systems (harness)
? Other (please explain) _____

Have you ever had injuries at the jobsite due to falls? ? Yes ? No

If yes, what types of injuries have you had? (Please check all applicable)

? Sprain/Strain ? Fractures ? Burns ? Cuts ? Other _____

How long have you had remained in the hospital after the injury occurred?

_____ days _____ months _____ years

Was there any form of fall protection systems in place when the accident happened?

? Yes ? No

If yes, what was the fall protection system? (Please check all applicable)

? Guardrail ? Safety net ? Safety monitor

? Personal fall arrest systems (harness) ? Other (please specify) _____

4. Training

Have you received any training on fall protection?

? Yes ? No

If yes, what is the training format?

? Tool box (A short talk given by supervisors at the beginning of the shift)

? Video watching

? Lecture from supervisors

? Lecture from professional trainers (Such as OSHA 10-hour training)

? Other _____

How long did your most recent training take place?

? less than 10 minutes ? 10-30 minutes ? 30 minutes-1 hour

? 1 hour-10 hours ? 10 hours or longer

5. Personal Fall Arrest Systems (harness)

Does your company supply you with a harness?

? Yes ? No ? don t know

Do you have your own harness?

? Yes ? No ? don t know

Do you **actually use** your harness when needed?

? Always ? Most of the time ? Very rarely ? Not at all

<p>If 'always 'or 'most of the time ' ; what makes you wear harness? (Please check all applicable) ? Requirement of employment ? Personal concern for safety ? Supervisory enforcement ? Peer pressure ? Other (please explain) _____</p>	<p>If 'very rarely 'or 'not at all ' ; what makes you not wear harness? (Please check all applicable) ? They make me uncomfortable ? They make me work slower than usual ? They restrain my movement ? Hard to find a tie-off point for it ? Nobody wears them at the jobsite ? Other (please explain) _____</p>
--	---

What do you dislike the most about your harness? (Please check all applicable)

? Material ? Color ? Comfort level ? Difficulty to use

? Everyone shares them in the company ? Other (please explain) _____

Would you like it more if it you had a harness that was assigned to you personally?

? Yes ? No ? Other (Please specify) _____

Do you have any concerns about *not* wearing harness when needed?

? There is no problem at all

? A minor problem

? A serious problem

? A very serious problem

6. Other comments or suggestions

Thank you very much for your cooperation.