Survey Questions for VECTRA room operators and supervisor.

VECTRA Safety Form for Assembly Workers
Completion of this document will be required to occur at the end of each month and turned into manager. This is an anonymous survey. Please put an “X” next to your selection. Please comment when appropriate.

During the last month, did you get injured at work in a way that prevented you from going to work?
Yes: ___ No: ___ Comment: __________________________________________

During the last month, did you get injured at work in a way that still allowed you to work?
Yes: ___ No: ___ Comment: __________________________________________

During the last month, did you feel you were put in a position where you could have gotten injured?
Yes: ___ No: ___ Comment: __________________________________________

Can you think of any improvements to the manufacturing process or tooling that would decrease the risk of injury in the VECTRA area?
Yes: ___ No: ___ Comment: __________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________

VECTRA Safety Form for Managers

Completion of this document will be required to occur at the end of each month and turned into manager. This is an anonymous survey. Please put an “X” or quantity next to your selection. Please comment when appropriate.

During the last month, were there any recordable injuries in the VECTRA Area that prevented a worker to come to work?
How Many? _____ Comment: __________________________________________

During the last month, were there any recordable injuries in the VECTRA Area that still allowed the employee to work?
How Many? _____ Comment: __________________________________________

During the last month, were there any near-miss injuries in the VECTRA Area?
How Many? _____ Comment: __________________________________________

During the last month, did an assembly worker approach you with a safety concern regarding the VECTRA Area?
Yes: ___ No: ___ Comment: __________________________________________
If yes, how was it handled? __________________________________________________________

Can you think of any improvements to the manufacturing process or tooling that would decrease the risk of injury in the VECTRA area?
Yes: ___ No: ___ Comment: __________________________________________________________

How does the safety record of the VECTRA Area compare to the rest of the plant?
VECTRA Injuries: _____ Plant Injuries:______

Effect of VECTRA Expansion on Production Efficiency

Completion of this document will be required to occur at the end of each month and turned into manager. This is an anonymous survey. Please put an “X” or quantity next to your selection. Please comment when appropriate.

What was the average production time for a new unit before the VECTRA production area was expanded? _____ Days

What was the average production time for a new unit after the VECTRA production area was expanded? _____ Days

How do these numbers compare? Better: ____ Worse: _____

What is the reason for the difference? Comment: __________________________________________

Were there any common problems during the manufacturing process that could be addressed to reduce production time or increase production rate? If yes, how will this be addressed?
Yes: ___ No: ___ Comment: __________________________________________________________

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