**Workplace Safety Questionnaire/Interview**

Directions: Ask your manager/supervisor the questions and record the answers.

If I was to seriously injure myself at work, what is the proper protocol/procedure?

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Where are the On-The-Job Injury (OJI) forms?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a specific time table for this paperwork must be completed?

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What is the protocol I need to follow if a non-employee (customer/student) gets injured?

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What do I need to do if a fire was to happen while I was at work?

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What is the protocol/procedure if there is a suspicion of theft at work?

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What is the protocol/procedure if there is a robbery at work?

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What is the protocol/procedure if there is a threat for severe weather (like a tornado)?

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Are there specific safety guidelines I need to follow when handling sharp objects at work?

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Are there specific safety guidelines I need to follow when handling chemicals at work?

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Are there Material Safety Data Sheets (MSDS) for chemicals somewhere on location?

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**Manager/Supervisor,**

**Please sign below after the employee answers the following safety questions verifying that the answers are correct.**

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**