## **Logging Safety & Injury Questionnaire**

Please do not write your name on this questionnaire. All responses are anonymous and confidential. The questionnaire consists of 23 questions.

1.	How long have yo	u worked on a logg	ging operation?	years	
2.	<ul> <li>Currently, what is your primary job on the logging operation? (Circle one)</li> <li>Loader operator</li> <li>Feller-buncher operator</li> <li>Skidder operator</li> <li>Deck hand / topper / or other job primarily working on the ground</li> <li>Crew foreman</li> <li>Owner – Normally work in the woods and operate equipment</li> <li>Owner – Occasionally operate equipment and fill in as needed</li> <li>Other – please describe</li> </ul>				
3.	In a typical workd	ay, how many hou	rs do you spend ope	erating logging equi	ipment? hrs
4.	How would you do Not at all dangerous	escribe the relative	safety of your job u Moderately dangerous	using a scale of 1 to	Extremely dangerous
5.	<ul> <li>What logging safety training have you received in the past? (<i>Circle all that apply</i>)</li> <li>Safety training from crew foreman or owner (if you are an employee)</li> <li>On the job training from co-workers</li> <li>Safety training from insurance providers</li> <li>Safety training at VA SHARP Logger (or NC Pro-logger) classes</li> <li>Equipment specific safety training from equipment sales or manufacturer representative</li> <li>Other safety training (please describe)</li> </ul>				
6.	for example hard hats, hearing protection, chainsaw chaps if using a saw, high visibility clothing etc.  Using PPE is not Moderately Using PPE is at all important important very important				
7	What do you goe a	2 a the biggest sofety	7 risk on your opera	tion?	5

/. What do you see as the biggest safety risk on your operation?

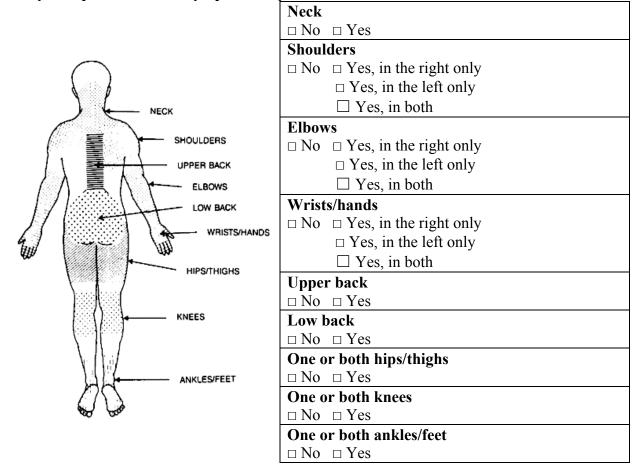
8.	If you are a machine operator what do you see as the biggest safety risk for workers on the ground?
9.	Have you experienced an episode of wheezing or whistling in your chest? $\Box$ No $\Box$ Yes
10.	Which of the following have you experienced while operating a machine or working near a machine? (Circle all that apply)  Irritation of the eyes Irritation of the nose Unpleasant smell
pei	e are interested in learning more about your injury and illness experiences while forming work as a logger. For our purposes, an injury is defined as having a known as of onset, rather than symptoms or disorders that gradually worsened over time.
11.	Have you <u>ever</u> experienced an injury <u>while working on a logging operation</u> ?  □ No □ Yes
12.	<ul> <li>In the past year how many times were you injured on the job severe enough that it caused you to modify your work activities for the rest of the day or take medication? (Circle one)</li> <li>0, I have not injured myself (SKIP TO QUESTION 20)</li> <li>1</li> <li>2</li> <li>More than 2 times</li> </ul>
hac	ase answer the following question about your injury experience <u>in the past year</u> . If you dimore than one injury, please answer these questions based on the injury you conally felt to be the most severe.
13.	What were you doing when you were injured? (e.g., climbing onto a piece of equipment)
14.	How did the injury happen? (e.g., I slipped and fell)

15.	What best describ	es the body part injured? (Circle all that apply)		
	• Head			
	• Neck, Including	ng Throat		
	• Trunk (chest,	back, abdomen, hip)		
	• Upper Extremities (shoulder, arm, wrist, hand)			
	• Lower Extremities (thigh, leg, ankle, foot)			
	• •	(for example: gastrointestinal system, nervous system, respiratory system) arts (please describe)		
16.		g., tool, machine) involved in the injury/illness?  □ Yes  If Yes, what object		
17.	Did you miss any □ No	days of work as a result of injury?		
	□ NO	☐ Yes If Yes, how many days		
18.	Did you receive n  □ No	nedical care for this injury beyond first aid?		
19.	Was the injury rep □ No	oorted as a workers' compensation claim?  □ Yes □ Not Sure		

This section relates to your experiences <u>in the past year</u> with symptoms such as pain, stiffness, spasm, aching, burning, tingling, or numbness. We are interested in <u>ANY symptoms</u>, <u>not just those you had at work</u> or symptoms you think are related to work.

20. Please answer by marking an "X" in the appropriate box – one "X" for each body region. Please answer every question, even if you have never had trouble (ache, pain, discomfort) in any part of your body.

Have you experienced such symptoms in your:



21. If you answered "No" to all questions above, SKIP TO QUESTION 22. If you answered "Yes" to any of questions above, during the past year,

a.	Have you had to <u>alter the way you do your work</u> as a result of musculoskeletal symptoms?		
	□ No	□ Yes	
b.		sed work as a result of your musculoskeletal symptoms?  ☐ Yes	
c.	-	about changing jobs because of your musculoskeletal symptoms?  ☐ Yes	

This section seeks your general comments and recommendations on safety.		
22. What recommendations do you have to improve safety on your job site, or on logging operations in general?		
23. As we continue to improve our understanding of the safety and health of workers in the logging industry, is there anything else you think we should know?		
Thank you for taking the time to complete this questionnaire. Your answers will provide valuable information that may help to improve logging safety.		