



Unit 9200

The Civil Service Employees Association, Inc.
Local 1000, American Federation of State, County and Municipal Employees, AFL-CIO

Westchester County Employees - Unit 9200

Jack McPhillips, *President*

Health and Safety Mapping Survey

1. What is your worksite location?

2. Your worksite is best described as (check as many as apply):

Office_____

Field_____

Laboratory_____

Plant_____

Prison_____

Clinic_____

Other_____

3. How would you rate your work place on?

(1-poor 3-average -5-very good)

Air quality_____

Lighting_____

Noise_____

Adequate workspace_____

Security_____

Adequate and comfortable equipment (ergonomic) _____

4. Do you experience symptoms related to air quality- Yes or No?

5. Do you have relief from these symptoms when leaving the building? Yes or No?

Karen Pecora, *1st Vice President* Noel De La Cruz, *2nd Vice President* Ed Magilton, *3rd Vice President*,
James Kelly, *4th Vice President* Joanne Castaldo, *Secretary* Elio Giuliani, *Treasurer* Michael Wolf, *Sergeant At Arms*
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6. Which of the following health and safety problems typically apply to your job? Check as many as appropriate.

- Repetitive strain injuries (hand, wrist, arm, shoulder or back)_____
- Stress related to tight production schedules or JIT schedules_____
- Exposure to toxic chemicals_____
- Airborne dust/mist_____
- Exposure to excessive noise_____
- Unsafe equipment_____
- Exposure to infectious disease_____
- Other _____
- None of the above_____

7. Rank the following in order of importance to you (1- high, 2 neutral 3 not important)

___air quality___noise ___lighting ___adequate workspace ___safety ___security

8. Please identify any work related aches and pains _____

9. Do you experience any building or personal security issues at your workplace? Please explain.

10. Please share with us any comments you may have _____

For analytic use. The following questions are optional but will aid us in our analysis, and will not be used to identify you.

Age _____

Gender _____

Department and/or occupation _____

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