**Attendee Background**

**Warehouse Worker Hazards in Structural Steel Fabricating and Supply Companies-Train the Trainer Session**

Program Information: *Steel Warehouse Worker “Train the Trainer”, Insert Date and Location*

Please answer the following questions:

1. Your primary business (you may circle more than one)

Steel Fabrication

Steel Supply Service Center

Steel Supply Mill

Steel Erection

Engineering

Architecture

Constructor

Equipment Supplier

Safety Trainer

Educator

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you a member of AISC?

Yes  No

3. Do you utilize the AISC Safety Channel at [www.AISC.org](http://www.AISC.org) or materials from the AISC Safety Committee

Yes  No

4. What is your title within your company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you personally have any of the safety responsibilities below within your company?

(Indicate all that apply)?

Company, plant, shop or facility Safety Director

Directly supervising of workers such as shop supervisor or foreman

Authorizing safety training in your facility

Conducting safety training in your facility

Maintaining training records

Maintaining safety incident records

Reporting incidents to OSHA or to your State OSHA

None

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How is safety training usually delivered for your workers in your facility? (Indicate all that apply)

Formal hazard specific training conducted by company staff

Formal hazard specific training conducted at your facility by outside training organizations

Attendance at training programs conducted by outside training organizations (offsite)

Regularly scheduled (daily or weekly) shift safety or tool box talks

No training provided

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What is your gender?

Male  Female

8. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What is your ethnicity?

American Indian  Black, African American  Pacific Islander  Asian

Hispanic (Latino)  White  Other

10. What is your native language?

English  Spanish  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. How many years have you been in the steel industry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

12. What is your highest educational level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

13. About how many hours of health and safety training have you had in the past year? \_\_\_\_\_\_

14. Has your past health and safety training included warehouse worker hazards?

Yes  No

15. Was the training conducted in your native language?

Yes  No

16. How well did you understand the material that was provided during training?

Very Well  Moderately Well  Not Sure  Not Very Well  Not At All

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