

ID Number	A1-2003-0050-Eng
Title	Worker's Health Survey in Korea : Workplace, 2003

※ This questionnaire is to be completed by a health manager, a safety manager, or a human resource manager of a business.

※ Respondent's personal and contact information will be used only if we need to ask follow-up questions about the responses given by the respondent.

Name of Business	Business Registration Number		
Business Address	___City/Province	___City/County/District	___Eup/Myeon/Dong ___Street #___
Major Products (List 3 best-selling products.)	1.	2.	3.

	Field	Standard Employees	Non-standard Employees	Total
Total Number of Regular Employees	Production			
	Office/Administrative staff			
	Total			

Respondent Name	Respondent's Department		
Position	Telephone Number		
Interviewer Name	Interview Date		(date) (time) (duration ___ minutes)

**INDUSTRIAL ACCIDENTS/WORK-RELATED INJURIES RECORDS**

1-1. Please fill out the below table about the number of workers who had industrial accidents, work-related injuries, minor injuries, or visited the nurse’s office during the past 3-month period of the 2nd quarter, based on your records.

Type	*1. Number of Workers	*2. Number of Cases	*3. Three Most Common Illnesses
Industrial accidents	_____ workers	_____ cases	1)
			2)
			3)
Work-related injuries	_____ workers	_____ cases	1)
			2)
			3)
Minor-injuries	_____ workers	_____ cases	1)
			2)
			3)
Nurse’s office visit	_____ workers	_____ cases	1)
			2)
			3)

- \*1. Please record the number of workers under each type. (If there was no worker had a certain type of injuries/issues, write “None.”)
- \*2. “Number of Cases” means the number of occurrences of industrial accidents or work-related injuries, regardless of the number of workers who had the accidents or injuries. For example, if a worker had two work-related injuries over the past 1 month, he/she should be counted as “1” for “the number of workers”, but his/her injuries should be counted as “2” for the “number of cases.”
- \*3. “Three Most Common Illnesses”: Write three major illnesses associated each category in order of frequency. For “Nurse’s Office Visits,” you may write the name of symptoms instead of name of illnesses.

1-2. What criteria does your company use to distinguish industrial accidents, work-related injuries, and minor injuries?  
(If you have written criteria, please provide a copy of the document.)

- (1) Criteria used to distinguish between industrial accidents and work-related injuries:  
\_\_\_\_\_
- (2) Criteria used to distinguish between industrial accidents and minor-injuries:  
\_\_\_\_\_
- (3) Criteria used to distinguish between work-related injuries and minor-injuries:  
\_\_\_\_\_

1-3. Among the industrial accidents and work-related injuries occurred during the 3-month period of the 2nd quarter, how many cases did require at least 4 days of treatment and how many workers were classified into each category?

* The cases that required at least 4 days of treatment	Number of workers	Number of cases

\* The cases that “required at least 4 days of treatment” include when a worker 1) received treatment from a healthcare facility at least 4 days, 2) took medicine at least 4 days for treatment, or 3) was not able to work as he/she normally does at least 4 days due to health.

1-4. Please fill out the below table about those employees at your company who died last year (01/01/2002—12/31/2002). Please include all death cases that are not related to work, such as deaths from car accidents, chronic illness, or death at home. (Mark (√) in  if applicable.)

Death	Cause of Death	Filed as Industrial Accident?	Place of Death	Worker’s Age	Worker’s Sex	Years of employment	*1.Sudden Death?	Safety Accident?	*2.Compe-nsated?
Case1		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case2		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case3		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case4		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case5		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case6		<input type="checkbox"/>				___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- \* Every case of death, whether was filed as industrial accident or not, should be included.
- \* Please write about all employees at your company who died last year (2002).
- \*1. Unlike safety accidents, illness, or car accidents, “Sudden Death” refers to a case when a health worker died suddenly and unexpectedly. In other words, whether the death took place at home or at workplace, if a healthy worker died suddenly, it is considered as “Sudden Death.”
- \*2. “Compensation” includes not just workers’ compensation, but also any individualized compensation from the company.
- \* If you need more space to write, please provide the records in a separate recording sheet.

1-5. Does this workplace keep records related to industrial accidents, work-related injuries, minor injuries, and/or the nurse’s office use?  
 1) Yes  
 2) No

1-6. If yes, which of the following types of records does this workplace keep? Pleat mark all that apply.  
 1) Industrial accident records  
 2) Work-related injury records  
 3) Minor injury records  
 4) Nurse’s office use records

<b>INJURY OR ILLNESS RELATED ATTENDANCE RECORDS</b>
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2-1. Please fill out the below table about the number of workers who have taken days or hours from work due to illness in the month of September.

Category	*1. Number of workers	*2. Three Most Common Illnesses
Number of workers absent from work due to illness (including sick days and industrial accidents)	_____ workers	1)
		2)
		3)
Number of workers who left early due to illness	_____ workers	1)
		2)
		3)

\*1. Please write the number of workers classified into each category. (Write “None” if there was no worker applicable.)

\*2. “Three Most Common Illnesses”: Write three most common illnesses associated each category in order of frequency.

2-2. About person who decides whether an absence/early leaving from work is due to illness and about its documentation

	Illness-caused absence	Illness-caused early leaving
1. Who decides whether a worker’s absence or early leaving from work is due to illness or not?		
*2. Does this workplace document worker’s illness-caused absence and early leaving?	1) Yes      2) No	1) Yes      2) No
3. If there is a nurse’s office in this workplace, how does the nurse’s office involve in cases of illness-caused absence or early leaving?		
4. Does this workplace require its workers to bring a doctor’s note, before or after the incident, in order for their absence/early leaving to be considered as illness-caused?	1) Yes      2) No	1) Yes      2) No

\*2. This includes not just keeping separate documents such as “Absent Notes” or “Early Leaving Notes”, but also being recorded on attendance sheets or time cards.

2-3. Does this workplace keep records related to workers’ absence, early leaving, or sick leaves due to illness?

- 1) Yes
- 2) No

2-4. If yes, which of the following types of records does this workplace keep? Please mark all that apply.

- 1) Absentees due to illness
- 2) Workers left early due to illness
- 3) Sick-day use
- 4) Leave of absence due to illness

**INDUSTRIAL MANAGEMENT PROGRAM**

3. If your company has industrial health management programs other than regular health examinations for workers and working environment monitoring, please write them in the below table.

(Examples: Health examinations other than hypertension management program, health promotion program, or regular health examinations; Personal protective equipment program; Smoking cessation program, etc.)

Industrial Health Management Program Name	*1. Year Started	*2. Number of Workers under this Program	*3. Has a Manual?	*4. Person in Charge	*5. Program Budget in the Year 2002	*6. Level of Workers Responsiveness	*7. Effectiveness
	Year _____	_____ workers	1) Yes 2) No		_____0,000 won		
	Year _____	_____ workers	1) Yes 2) No		_____0,000 won		
	Year _____	_____ workers	1) Yes 2) No		_____0,000 won		
	Year _____	_____ workers	1) Yes 2) No		_____0,000 won		
	Year _____	_____ workers	1) Yes 2) No		_____0,000 won		

\*1. Year when the program has started

\*2. "Number of workers" who are currently enrolled in this program

\*3. If there is a manual describing what this program is about, please mark Yes. If not, mark No.

\*4. Write the position title of the person who is in charge of this program. (Example: Health manager (Industrial nurse, Industrial hygienist), Safety manager, ○○ department director, etc.)

\*5. Please write the total budget amount of the year 2002 assigned to this program.

\*6. Level of Workers' Responsiveness:

Not favorable at all	Not very favorable	Moderately favorable	Favorable	Very favorable
1	2	3	4	5

\*7. Is this program effective? Please answer based on your own opinion.

Not effective at all	Not very effective	Moderately effective	Effective	Very effective
1	2	3	4	5

3-1. Please fill out the below table about health examinations for workers that your company conducted last year (2002).

	Conducted or Not	Number of Eligible Workers	Number of Workers Examined	Examination Location	Total Expenses	*1. Total Number of Days Spent
General Health Examination	1) Conducted 2) Not conducted	____workers	____workers		____0,000 won	Total ____days
Special Health Examination	1) Conducted 2) Not conducted	____workers	____workers		____0,000 won	Total ____days
Temporary Health Examination	1) Conducted 2) Not conducted	____workers	____workers		____0,000 won	Total ____days

\*1. "Number of days" refers to the entire period spent to conduct a health examination for all workers in this workplace, not a number of days spent to conduct a health exam for an individual worker.

3-2. Please fill out the below table about working environment monitoring that this workplace conducted last year (2002).

	Conducted or Not	Number of Days Spent for Monitoring	*1. Target Substances for Monitoring	Total Expenses
First Half Working Environment Monitoring	1) Conducted 2) Not conducted	Total ____days		____0,000 won
Second Half Working Environment Monitoring	1) Conducted 2) Not conducted	Total ____days		____0,000 won
*2. Special Working Environment Monitoring	1) Conducted 2) Not conducted	Total ____days		____0,000 won

\*1. Please write all substances monitored.

\*2. Special working environment monitoring refers to independent working environment monitoring upon the company discretion regardless of legal duties.

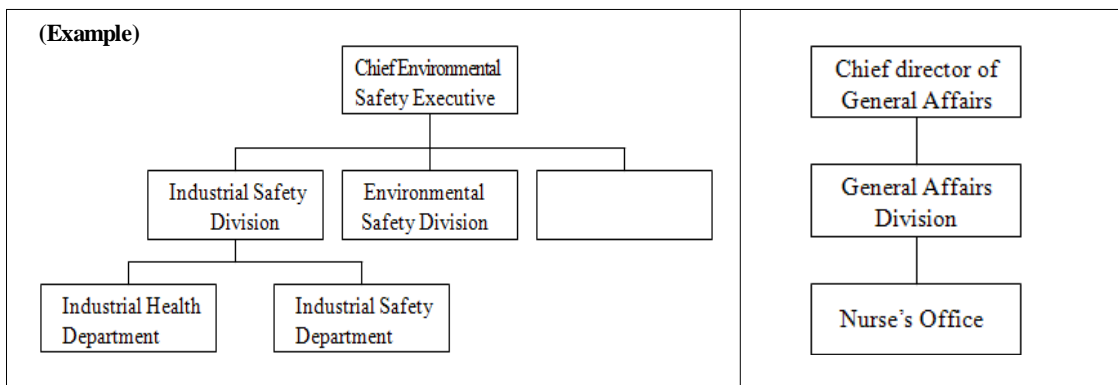
<b>THE CURRENT SITUATION OF THE INDUSTRIAL HEALTH MANAGEMENT SYSTEM AT THIS WORKPLACE</b>
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4-1. Department in Charge of Industrial Safety and Health at this Workplace (including Nurse's office or Health Management Office)

*1. Name of the Department	*2. Position Title of the Person in Charge	*3. Total Number of Employees of this Department	*4. Number of Employees in Charge of Industrial Safety	*5. Number of Employees in Charge of Health	*6. Total Budget in Year 2002	*7. Personnel Expenses on Full-time Employees in Year 2002	*8. Number of Health-related Employees in Other Departments
		____workers	____workers	____workers	____0,000 won	____0,000 won	____0,000 won

- \*2. Please write the job grade of this position along with the position title when the members of the board of trustees or the similar level are Grade 1.
- \*3. Total Number of Employees of this Department = (4)Number of employees responsible for industrial safety + (5) Number of employees responsible for health.
- \*6. Total budget amount including personnel expenses on industrial health-related full time employees and program expenses.
- \*8. Employees whose main tasks are related to industrial health area, but do not belong to the department in charge of industrial safety and health.

4-2. Please draw an organization chart which includes the department responsible for industrial health at this workplace, referring to the example shown below. If a nurse's office, company affiliated hospital or health management office is under separate department or organizational structure, please draw a separate organization chart stating this characteristic.



\* If there is no separate department responsible for industrial health at this workplace, draw an organization chart where your department belongs to.

4-3. Health Professionals among Health Personnel of this Workplace

- Number of Doctors: \_\_\_\_\_
- Number of Nurses: \_\_\_\_\_
- Number of Industrial Hygienists: \_\_\_\_\_
- Other: \_\_\_\_\_

4-4. Does this workplace have employed health managers?

- 1) Number of full-time health managers employed: \_\_\_\_\_
- 2) Relying on outsourcing—has health management agency
- 3) No

4-5. Over the past 1 week period, how many times did health managers or visiting health management agents have counseling sessions with workers at this workplace?

4-5-1. Number of workers got counseling: Total \_\_\_\_ workers

4-5-2. Number of counseling sessions done Total \_\_\_\_ times

4-5-3. Average duration of 1 counseling session per worker: \_\_\_\_ hours and \_\_\_\_ minutes

4-5-4. Topics of Counseling (Please write top 3 topics in order of frequency.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

4-6. Is there a clinic with a resident nurse or doctor, a nurse's office, or a health management office in this workplace?

- 1) Yes
- 2) No (⇒Go to Question 4-7)

4-6-1. Is the clinic registered to a local public health office as an authorized clinic?

- 1) Yes
- 2) No
- 3) Not applicable (Nurse's office, health management office, etc.)

4-6-2. (If there is an onsite clinic, nurse's office or health management office)  
Size of Related Personnel and Type of Work

Position	*1.Number of Full-time	*2.Number of Part-time (Type of work)
Doctors	Full-time doctors ____	Part-time doctors ____
Nurses	Full-time nurses ____	Part-time nurses ____
Other (____)	Other full-time ____	Other part-time ____

\*2. For part-time personnel, please write the work hours per week for each. (Example: 1 (doctor/nurse), 4 hours/week)

4-6-3. Total number of workers who used a nurse's office or health management office over the past 1 month

- \_\_\_\_ workers

4-6-4. Total number of cases transferred from a nurse's office or a health management office to external medical facilities

- \_\_\_\_ cases

4-6-5. Do workers in this workplace have their own personal care card?

- 1) Yes
- 2) No

4-6-6. Do you keep the records of workers' use of nurse's office or health management office periodically (monthly/quarterly/annually)?

- 1) Yes (monthly/quarterly/annually)
- 2) No



4-7. Is there an Industrial Safety and Health Committee in this workplace?

- 1) Yes
- 2) No

4-7-1. If yes, how is the Committee comprised of?

- Number of Committee Members from the Management: \_\_\_\_\_
- Number of Committee Members from the Labor: \_\_\_\_\_

4-7-2. How many meetings did the Committee have in the year 2002? How many members from each side attended each meeting?

*1. Date		*2. Number of Committee Members Attended		*3. Number of Items on Agenda	
		From the Management	From the Labor	Reviewed	Resolved
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases
month	day	_____ members	_____ members	_____ cases	_____ cases

\*2. Write the number of items on agenda reviewed and resolved by the Industrial Safety and Health Committee. Please write the numbers of cases “reviewed” and “resolved” separately.

\*3. If a case does not clearly fall into either “reviewed” or “resolved,” please include this case in the “reviewed” category. (If you need more space to write, please use the back of this page.)

**APTITUDE-BASED JOB PLACEMENT · WORKER'S JOB FIT · PRODUCTIVITY**

5-1. Does your company conduct aptitude tests for workers' job placement?

- 1) Yes, we conduct aptitude tests.
- 2) Sometimes we conduct aptitude tests, but sometimes we don't.
- 3) We do not conduct aptitude tests.

5-1-1. If your company ever conducted an aptitude test, what testing tool did it use?

5-1-2. When your company uses the result of the aptitude test for assigning tasks, how much consideration does it give to individual worker's health?

No consideration at all	Not very much consideration	Moderate consideration	Some consideration	Very much consideration
1	2	3	4	5

5-1-3. Please fill out the below table about aptitude tests conducted at this workplace last year (2002).

1. Date of Test	*2. Number of Workers Subject to the Test	*3. Regular or Special?	*4. Characteristics of Workers Subject to the Test
month    day	_____ workers	1) Regular    2) Special	
month    day	_____ workers	1) Regular    2) Special	
month    day	_____ workers	1) Regular    2) Special	

\*3. If the test was a part of regular aptitude tests conducted periodically at this workplace, mark "1)Regular". If it was conducted specifically for certain individuals and was not on your regular testing schedule, mark "2)Special".

\*4. For "Characteristics of Workers Subject to the Test", specify whether the test was given to workers at specific departments, or whether it was given to workers who were transferring from one department to another.

5-2. Does your company evaluate workers' job fit?

- 1) Yes
- 2) Sometimes we evaluate workers' job fit, but sometimes we don't.
- 3) We do not evaluate workers' job fit. (⇒ Go to Question 5-3)

5-2-1. If your company ever evaluated workers' job fit, what evaluating tool did it use?

5-2-2. When your company uses the result of job fit evaluation for assigning tasks, how much consideration does it give to individual worker's health?

No consideration at all	Not very much consideration	Moderate consideration	Some consideration	Very much consideration
1	2	3	4	5

5-2-3. Please fill out the below table about job fit evaluations conducted at this workplace last year (2002).

1. Date of Test	*2. Number of Workers Subject to the Test	*3. Regular or Special?		*4. Characteristics of Workers Subject to the Test
month    day	_____ workers	1) Regular	2) Special	
month    day	_____ workers	1) Regular	2) Special	
month    day	_____ workers	1) Regular	2) Special	

5-3. Does your company evaluate workers' productivity or efficiency?

- 1) Yes, we evaluate workers' productivity or efficiency.
- 2) Sometimes we evaluate worker's productivity or efficiency, but sometimes we don't.
- 3) We do not evaluate workers' productivity or efficiency. (⇒ Go to Question 6)

5-3-1. If your company ever evaluated workers' productivity and efficiency, what evaluating tool did it use?

5-3-2. When your company uses the result of evaluations of workers' productivity and efficiency, how much consideration does it give to individual worker's health?

No consideration at all	Not very much consideration	Moderate consideration	Some consideration	Very much consideration
1	2	3	4	5

5-3-3. Please fill out the below table about evaluations of workers' productivity and efficiency conducted at this workplace last year (2002).

1. Date of Test	*2. Number of Workers Subject to the Test	*3. Regular or Special?		*4. Characteristics of Workers Subject to the Test
month    day	_____ workers	1) Regular	2) Special	
month    day	_____ workers	1) Regular	2) Special	
month    day	_____ workers	1) Regular	2) Special	

**MANAGEMENT'S CONCERNS ON INDUSTRIAL HEALTH AND ITS LEVEL OF PARTICIPATION**

6-1. How would you rate the level of concerns on industrial health of the management?

Very low	Somewhat low	Neither low nor high	Somewhat High	Very high
1	2	3	4	5

6-2. How would you rate the level of participation in industrial health issues of the management?

Very low	Somewhat low	Neither low nor high	Somewhat High	Very high
1	2	3	4	5

6-3. How often did the employer (president or CEO of this workplace/company) attend Industrial Safety and Health Committee meetings?

Never attended	Attended less than half of meetings	Attended about half of meetings	Attended more than half of meetings	Always attended
1	2	3	4	5

6-4. How would you rate the level of company's support for industrial health projects?

Very passive	Somewhat passive	Neither passive nor active	Somewhat active	Very active
1	2	3	4	5

6-5. Regarding the issues of industrial health, how many times on average does a department director directly report to the highest-level manager at this workplace?

- 1) Whenever there is an issue (Total \_\_\_times over the past month)
- 2) Report periodically (Total \_\_\_ times over the past month)
- 3) There is no direct report to the highest manager except reporting on annual business plans and achievements.
- 4) Other ( )

7. Please fill out the below table about three agencies from which this workplace received most help in solving workplace industrial safety and health issues.

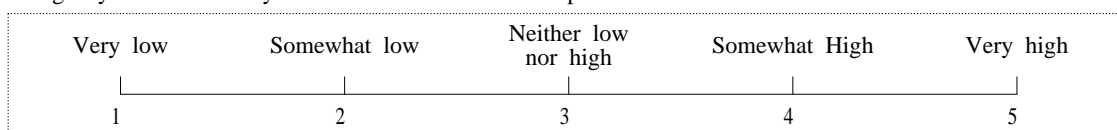
Field	*1. Agency Name	*2. Issues It Helped	3. How Did You Know This Agency?	*4. Number of Contacts Made with This Agency over the Past 1 Month	5. Agency Location	*6. Expertise	7. Official Contract with This Agency?
Health	1)						1)Yes 2)No
	2)						1)Yes 2)No
	3)						1)Yes 2)No
Safety	1)						1)Yes 2)No
	2)						1)Yes 2)No
	3)						1)Yes 2)No

\*1. Examples of agencies you might have received help from include the Ministry of Labor, Occupational Safety and Health Agency (OSHA), Korea Industrial Health Association, Korea Public Health Association, health management agencies (please specify), safety management agencies, preventive medicine and public health agencies, working environment monitoring agencies, anti-pollution equipment suppliers and installation agencies, and medical facilities (hospitals, clinics), etc.

\*2. Issues It Helped: Please write specifically about the help you received from this agency with issues related to workplace industrial health and safety. Please focus on the issues that this agency was most helpful.

\*4. Number of Contacts Made with This Agency over the Past 1 Month: Please include any form of contact (landline or wireless phone, in-person visit, meeting, etc.) with this agency and write the number of contacts.

\*6. Expertise refers to level of expertise of the agency, or department(s), and persons in charge in that agency. Please mark your answer on the below 5-point scale.



\*7. Official Contract with This Agency?: This category is asking whether this workplace has official contract with the agency your workplace received help. If there is an official contract between this workplace and the agency, please mark "1)Yes". If not, please mark "2)No."