

**Health and Safety**  
**Information System**  
**- Feedback Questionnaire -**



We hope that you have found this information system to be of use. To ensure that the quality, accuracy and usefulness of the system is maintained and, where possible, improved we would be grateful to receive any comments and views via the return of this questionnaire.

Business name and address (optional) .....

Contact Name: .....

1. Which best describes your business activity?

- |                         |                          |                |                          |   |                          |
|-------------------------|--------------------------|----------------|--------------------------|---|--------------------------|
| Retail .....            | <input type="checkbox"/> | Office .....   | <input type="checkbox"/> | Warehousing .....                               | <input type="checkbox"/> |
| Leisure/Cultural .....  | <input type="checkbox"/> | Catering ..... | <input type="checkbox"/> | Provision of Residential<br>Accommodation ..... | <input type="checkbox"/> |
| Consumer Services/Other | <input type="checkbox"/> |                |                          |   | <input type="checkbox"/> |

2. Size of Business (No. of employees)

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self Employed            | 0-10                     | 10-25                    | 25-50                    | 50-250                   | 250+                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Do you think that the level of information for each element is:

- |                           |                             |                          |                          |                          |
|---------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Too detailed/<br>advanced | Quite detailed/<br>advanced | About Right              | Quite basic              | Too basic                |
| <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Do you find the Checklist sections:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very helpful             | Quite helpful            | Not very helpful         | Of no help at all        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Do you find the Reference/Further Details sections:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very helpful             | Quite helpful            | Not very helpful         | Of no help at all        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you find the Action List sections:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Very helpful             | Quite helpful            | Not very helpful         | Of no help at all        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Do you think the system helps you organise more effectively for health and safety?

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Definitely               | Probably                 | Possibly                 | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Do you think that the list of subjects meets your health and safety needs:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Completely               | Mostly                   | Not much                 | Not at all               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are there any other subject areas you might wish to be included?

.....

9. Do you use the system:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Frequently               | Regularly                | Occasionally             | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Overall, how useful is the system (please mark with a cross on this scale)

Very useful indeed 

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 Not useful at all

11. Have you any comments which you wish to make or amendments you may wish to propose?

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12. Have you taken any action or changed any procedures as a result of using this publication? If so, what?

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*(Continue on separate sheet if necessary)*