



Risk Awareness Survey

1. Risk Awareness Survey

This survey will be used to aid your City/Town in assessing and improving its Risk Management Program. Risk Management includes many management functions including risk identification & prevention, risk avoidance, risk transfer to others through contracts, and financing the cost of accidents to members of the public. THIS SURVEY DOES NOT FOCUS ON EMPLOYEE SAFETY AS IN THE PAST BUT ON THE LEVEL OF RISK AWARENESS AMONG EMPLOYEES.

Your responses to this survey will be sent directly to ABAG PLAN, your General Liability, Auto and Property Risk Pool. **Your responses will be confidential.**

The questionnaire should take less than 15 minutes to complete. Not all questions will apply to all positions. Please answer each question to the best of your knowledge, experience, and personal feelings relative to your employment relationship. Remember, the only "right answer" is your honest opinion.

If you have any questions, please contact:

Gertruda Luermann
Risk Management Analyst
ABAG PLAN
(510) 464-7992
GertrudaL@abag.ca.gov



Risk Awareness Survey

2. Demographic Information

*** 1. Please select your Jurisdiction from the dropdown menu:**

*** 2. Please select the option that closely matches your job classification/position**

- Senior Management
- Mid-Level Manager or Supervisor
- Employee with no supervisory duties
- City/Town Manager/CAO

*** 3. Please select the option that closely matches your department**

- Administration
- Community Development
- Community Services
- Fire
- Housing
- Library
- Parks and/or Recreation
- Transportation
- Solid Waste / Refuse
- Utilities
- Wastewater
- Water
- Police / Sheriff
- Planning and/or Development
- Public Works
- Other (please specify)

*** 4. Please indicate your employment status:**

- Full Time
- Part Time
- Seasonal
- Volunteer

*** 5. Please indicate the length of your service in your current position:**

- Less than 6 months
- 6 Months - 1 Year
- 1 Year - 4 Years
- 4 Years - 20 Years
- More than 20 Years



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3. Risk Awareness

*** 6. I understand the difference between Risk Management and Safety?**

- Yes
 No

*** 7. I am aware that the City/Town has a Risk Management Policy?**

- Yes
 No

*** 8. I am aware that the City/Town has written safety programs in place?**

- Yes
 No

*** 9. I am aware that the City/Town has a Safety/Risk Management Committee?**

- Yes
 No

*** 10. I know where the Emergency Operation Center (EOC) is located in my City/Town?**

- Yes
 No

*** 11. I know what to do in the event of....?**

Yes/No

A Fire

An Earthquake

Workplace Violence

*** 12. Who is responsible in your jurisdiction for ensuring the safety of you and members of the public?**

- Safety / Risk Management Department
- My Manager
- Each Employee
- None of the Above



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4. Risk Management Program

If You answered No to question #6 "I understand the difference between Risk Management and Safety"
Please note the following:

*Safety - The practice of accident and injury prevention through the identification and elimination of hazardous conditions and behaviors.

*Risk Management - The practice of identification and mitigation of exposures organizations may have to physical, financial, reputational and other sources of loss or negative impacts.

*** 13. I am advised annually of my City/Town's Risk Management Goals for the year?**

- Yes
 No

*** 14. I am asked to participate in achieving risk reduction and mitigation goals by my supervisor?**

- Yes
 No
 N/A

*** 15. It is my responsibility to report conditions or behavior that could result in an accident or injury to members of the public?**

- Yes
 No
 N/A

*** 16. Participation in the risk management process is part of my performance evaluation?**

- Yes
 No

*** 17. I am provided adequate training to perform my job in a safe and efficient manner?**

Yes

No

*** 18. I am empowered to stop work before exposing the public to unsafe conditions?**

Yes

No

N/A

*** 19. I feel comfortable coaching / instructing a fellow employee in safe behaviors?**

Yes

No

N/A

*** 20. Senior management monitors my department's risk control performance?**

Yes

No

Not Sure

*** 21. Management values getting the job done safely more than getting the job done quickly?**

Yes

No

Not Sure



Risk Awareness Survey

5. City/Town Facility Inspections

*** 22. Periodic Safety inspections are conducted in my department to identify hazards to people and property?**

- Yes
- No
- Not Sure

*** 23. Potential hazards are removed or corrected quickly?**

- Yes
- No

*** 24. When a hazard is identified but can not be corrected immediately, warning signs or barriers are placed to prevent access by a person or vehicle?**

- Yes
- No

*** 25. City/Town owned vehicles are being driven by employees with poor driving records?**

- Yes
- No
- Not Sure



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6. Incident, Accident or Injury Reporting

*** 26. I know how much accidents involving the public cost my City/Town?**

- Yes
 No

*** 27. I feel comfortable reporting an injury or property damage involving the public no matter how minor?**

- Yes
 No

*** 28. I receive information and "lessons learned" resulting from the City/Town's investigation of significant incidents so that similar incidents can be prevented in my department.?**

- Yes
 No

*** 29. I know how to respond if a member of the public should report an unsafe condition or accident?**

- Yes
 No

*** 30. I know to whom to refer a member of the public who wishes to report an incident, property damage or injury?**

- Yes
 No



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7. Employee Engagement

*** 31. Teamwork is encouraged and everyone in my department does his/her fair share of the work?**

Yes

No

*** 32. I would recommend this job to a friend or relative?**

Yes

No

*** 33. I work in an environment that is free from drugs and alcohol?**

Yes

No

Not Sure

*** 34. My department fosters commitment and loyalty?**

Yes

No



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8. Survey Purpose

*** 35. I feel that it is safe to be completely candid in completing this survey?**

Yes

No

*** 36. I feel that something positive will result from the information being collected in this survey?**

Yes

No



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9. *Optional Questions - Closing Comments

37. If you consider a "public risk" as any potential of injury or damage to the public or damage to City/Town property, what do you feel are the top three (3) risks in your City/Town?

38. What would you like to see done to improve safety and risk management efforts in your City/Town?

39. Contact Informaton: If you want to know the results of the survey please input your contact information.

Last, First

Jurisdiction

Email Address

Phone Number

If you would like to be briefed on any unfamiliar areas of responsibility please contact Gertruda Luermann: 510) 464-7992 or GertrudaL@abag.ca.gov