

A STUDY ON EMPLOYEES PERCEPTION TOWARDS HEALTH AND SAFETY MEASURES IN MANUFACTURING INDUSTRY

Submitted in partial fulfillment of the requirements for the award of

MASTER OF BUSINESS ADMINISTRATION

by

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**DEPARTMENT OF BUSINESS ADMINISTRATION
SCHOOL OF MANAGEMENT STUDIES**

SATHYABAMA

**INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

**Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE
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BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of **Y.A.JOEAVINASH (42410021)** who carried out the Project Training "**A STUDY ON EMPLOYEES PERCEPTION TOWARDS HEALTH AND SAFETY MEASURES IN MANUFACTURING INDUSTRY** " under my supervision from September 2023 to November 2023.

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DECLARATION

I **Y.A.JOEAVINASH (42410021)** hereby declare that the Project Report entitled **“A STUDY ON EMPLOYEES PERCEPTION TOWARDS HEALTH AND SAFETY MEASURES IN MANUFACTURING INDUSTRY ”** done by me under the guidance of **MS.M.JAYASEELY** is submitted in partial fulfilment of the requirements for the award of Master of Business Administration degree.

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ABSTRACT

This present study is conducted with the purpose of the study on employees perception towards health and safety measures in manufacturing industries. Health and safety consist of all the organization employees. This research focuses on the health and safety of the employees who works in the organization.

Data was collected and analyzed by the Statistical Package for Social Science. Reliability test was applied for to confirm all the constructs of reliable variables. The data analysis includes percentage analysis, chi square analysis & correlation. Summary of findings are drawn in a separate chapter and conclusion and suggestions were drawn based on the study.

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CHAPTER - 1

1.1 INTRODUCTION

Due to rapid organization, the workers are exposed to several types of hazards and accidents. Every year lakhs of workers are injured due to electrical and radiation hazards, and it leads to partial or total disablement. So, in recent years, greater attention is given to health and safety due to pressure from government, trade unions, labour laws and awareness of employers.

The efficiency of workers depends largely on the environment in which they work. Work environment consists of all the factors, which act and react on the body and mind of an employee. The primary aim is to create an environment which ensures the greatest ease of work and removes all causes of worries.

Occupational health and safety are disciplines with a broad scope involving many specialized fields. In its broadest sense, it should aim at:

- a) The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.
- b) The prevention among workers of adverse effects on health caused by their working conditions.
- c) The protection of workers in their employment from risks resulting from factors adverse to health.
- d) The placing and maintenance of workers in an occupational environment adapted to physical and mental needs.
- e) The adaptation of work to humans.

Successful occupational health and safety practice requires the collaboration and participation of both employers and workers in health and safety programmes, and involves the consideration of issues relating to occupational medicine, industrial hygiene, toxicology, education, engineering safety, ergonomics, psychology, etc.

Occupational health issues are often given less attention than occupational safety issues because the former are generally more difficult to confront. However, when health is addressed, so is safety, because a healthy workplace is also a safe workplace. The converse, though, may not be true - a so-called safe workplace is not necessarily also a healthy workplace. The important point is that issues of both health and safety must be addressed in every workplace.

Work plays a central role in people's lives, since most workers spend at least eight hours a day in the workplace, whether it is on a plantation, in an office, factory, etc. Therefore, work environments should be safe and healthy. Unfortunately, some employers assume little responsibility for the protection of workers' health and safety. In fact, some employers do not even know that they have the moral and often legal responsibility to protect workers.

Occupational accidents/disease:

Work-related accidents or diseases are very costly and can have many serious direct and indirect effects on the lives of workers and their families. For workers some of the direct costs of an injury or illness are:

- a) the pain and suffering of the injury or illness;
- b) the loss of income;
- c) the possible loss of a job;
- d) Health-care costs.

It has been estimated that the indirect costs of an accident or illness can be four to ten times greater than the direct costs, or even more. An occupational illness or accident can have so many indirect costs to workers that it is often difficult to measure them. One of the most obvious indirect costs is the human suffering caused to workers' families, which cannot be compensated with money.

Identifying hazards in the workplace:

Some occupational diseases have been recognized for many years, and affect workers in different ways depending on the nature of the hazard, the route of exposure, the dose, etc. Some well-known occupational diseases include:

- a) Asbestosis (caused by asbestos, which is common in insulation, automobile brake linings, etc.)
- b) Silicosis (caused by silica, which is common in mining, sandblasting, etc.)
- c) Lead poisoning (caused by lead, which is common in battery plants, paint factories, etc.)
- d) Noise-induced hearing loss (caused by noise, which is common in many workplaces, including airports, and workplaces where noisy machines, such as presses or drills, etc.)

Importance of management commitment on health and safety:

To develop a successful health and safety programme, it is essential that there be strong management commitment and strong worker participation in the effort to create and maintain a safe and healthy workplace. Effective management addresses all work-related hazards, not only those covered by government standards.

All levels of management must make health and safety a priority. They must communicate this by going out into the worksite to talk with workers about their concerns and to observe work procedures and equipment. In each workplace, the lines of responsibility from top to bottom need to be clear, and workers should know who is responsible for different health and safety issues.

Importance of training:

Workers often experience work-related health problems and do not realize that the problems are related to their work, particularly when an occupational disease, for example, is in the early stages. Besides the other more obvious benefits of training, such as skills development, hazard recognition, etc., a comprehensive training programme in each workplace will help workers to:

- a) Recognize early signs/symptoms of any potential occupational diseases before they become permanent conditions.
- b) Assess their work environment.
- c) Insist that management make changes before hazardous conditions can develop.

Health and safety programmes:

Effective workplace health and safety programmes can help to save the lives of workers by reducing hazards and their consequences. Health and safety programmes also have positive effects on both worker morale and productivity, which are important benefits. At the same time, effective programmes can save employers a great deal of money. For all of the reasons given below, it is crucial that employers, workers and unions are committed to health and safety.

- a) Workplace hazards are controlled - at the source whenever possible.
- b) Records of any exposure are maintained for many years.
- c) Both workers and employers are informed about health and safety risks in the workplace.
- d) There is an active and effective health and safety committee that includes both workers and management.

1.2 Objectives of the Study:

PRIMARY OBJECTIVES:

- To ascertain the Employees perception towards health and safety measures in Manufacturing industry

SECONDARY OBJECTIVES:

- To find the occurrence of accidents that happened at workplace.
- To identify the role of management in implementing health & safety.
- To find out satisfaction level of the respondents towards health & safety measure

1.3 NEED FOR THE STUDY:

- Health and Safety measures are inevitable to any organization where workers are involved. It's an organization's responsibility to provide to its workers beyond the payment of wages for their services.
- The worker's health and safety on and off the job within the organization is a vital concern of the employer. The working environment in an organization adversely affects the worker's health and safety.
- Providing a health and safety environment is a pre-requisite for any productive effort. These must be held in check by providing regular health check-ups, protective devices and compensatory benefits to the workers.
- This research deals with the study on the health and safety measures provided to the workers at manufacturing industry

1.4 SCOPE OF THE STUDY:

- This study would give an overview of the health and safety measures existing at Manufacturing industry
- Since health and safety are two important elements essential for improving the productivity of an organization, a study on the existing health and safety measures would help the organization to perform better.
- This study would throw light on the perception of the workers regarding health and safety.
- This study would also help to analyze the satisfaction level of the workers towards health and safety measures and suggest provisions to improve health and safety.

CHAPTER – 2

REVIEW OF LITERATURE

2.1 Review of Literature

In this Chapter, the researcher has tried includes, understanding the basic concepts of Health and safety measures and analyzing research studies made by earlier researchers in respect of strategies that are used by company to make employee get engaged, for this, the researcher has used various books, research Journals and websites. The detailed list is further elaborated in the Bibliography. Through this Literature Survey researchers want to find out which are the important parameters of Health and safety measures.

2.2 List of reviews:

Johannson B; Rask K; Stenberg M (2010), this study was to carry out a broad survey and analysis of relevant research articles about piece rate wages and their effects on health and safety. A total of 75 research articles were examined extensively and 31 of these were found relevant and had sufficient quality to serve the purpose of this study. The findings of these relevant articles are summarized and analyzed in the survey. More recent research shows a clear interest in health, musculoskeletal injuries, physical workload, pain and occupational injuries. The fact that 27 of the 31 studied articles found negative effects of piece rates on different aspects of health and safety does not prove causality, but together they give very strong support that in most situations piece rates have negative effects on health and safety.

Tompa, Emile PhD; Dolinschi, Roman MA; de Oliveira (2009), we reviewed the occupational health and safety intervention literature to synthesize evidence on financial merits of such interventions. A literature search included journal databases, existing systematic reviews, and studies identified by content experts. We found strong evidence that ergonomic and other musculoskeletal injury prevention interventions in manufacturing and warehousing are worth undertaking in terms of their financial merits. The economic evaluation of interventions in this literature warrants further expansion. The review also provided insights into how the methodological quality of economic evaluations in this literature could be improved.

Conor CO Reynolds; M Anne Harris; Peter A Crompton; Meghan Winters (2009), Bicycling has the potential to improve fitness. Understanding ways of making bicycling safer is important to improving population health. We reviewed studies of the impact of transportation infrastructure on bicyclist safety. To assess safety, studies examining the following outcomes were included: injuries; injury severity; and crashes. Results to date suggest that sidewalks and multi-use trails pose the highest risk, major roads are more hazardous than minor roads, and the presence of bicycle facilities (e.g. on-road bike routes, on-road marked bike lanes, and off-road bike paths) was associated with the lowest risk. Street lighting, paved surfaces, and low-angled grades are additional factors that appear to improve cyclist safety.

Lucia Artazcoz; Imma Cortes; Vincenta Escriba-aguir; Lorena Cascant (2009), the objectives of this study was to identify family and job characteristics associated with long work hours. The sample was composed of all salaried workers aged 16–64 years (3950 men and 3153 women) interviewed in the 2006 Catalan Health Survey. Factors associated with long working hours differed by gender. In men, working 51–60 h a week was consistently associated with poor mental health status, self-reported hypertension, job dissatisfaction, smoking, shortage of sleep. Among women it was only related to smoking and to shortage of sleep. The association of overtime with different health indicators among men and women could be explained by their role as the family breadwinner.

Dee W. Edington; Alyssa B. Schultz (2008), The aim was to present the literature which provides evidence of the association between health risks and the workplace economic measures of time away from work, reduced productivity at work, health care costs and pharmaceutical costs. A search of PubMed was conducted, and high-quality studies were selected and combined with studies known to the authors. A strong body of evidence exists which shows that health risks of workers are associated with health care costs and pharmaceutical costs. A growing body of literature also confirms that health risks are associated with productivity measures. The paper shows that measures of success will continue to be important as the field of worksite health management moves forward.

David E. Cantor (2008), The purpose of this paper was to review the literature and call for additional research into the human, operational, and regulatory issues that contribute to workplace safety in the supply chain. This paper identifies several potential research opportunities that can increase awareness of the importance of improving a firm's workplace safety practices. This paper identifies 108 articles which inform how logistics and transportation safety has evolved. The paper identifies 14 future research opportunities within the workplace safety in the supply chain, that have been identified can have a positive effect on practitioners confronted with safety issues.

Lucia Artazcoz; Imma Cortes; Vincenta Escriba-aguir; Lorena Cascant (2007), To provide a framework for epidemiological research on work and health that combines classic occupational epidemiology and the consideration of work in a structural perspective focused on gender inequalities in health. Gaps and limitations in classic occupational epidemiology, when considered from a gender perspective, are described.

Classic occupational epidemiology has paid less attention to women's problems than men's. Research into work related gender inequalities in health has rarely considered either social class or the impact of family demands on men's health. The analysis of work and health from a gender perspective should consider the complex interactions between gender, family roles, employment status and social class.

Shouji Nagashima; Yasushi Suwazono; Yasushi Okubo; Mirei Uetani (2007), The aim was to clarify the influence of working hours on both mental and physical symptoms of fatigue and use the data obtained to determine permissible working hours. The survey of day-shift male workers, using the Self-Rating Depression Scale (SDS) and Cumulative Fatigue Symptoms Index (CFSI).

A total of 715 workers participated. In the group working 260–279 h/month, the odds ratios for SDS and ‘irritability’ and ‘chronic tiredness’ of the CFSI increased. In the group working ≥ 280 h/month, the odds ratios on CFSI for ‘General fatigue’, ‘physical disorders’, ‘anxiety’ and ‘chronic tiredness’ were likewise increased. The research clarified that working hours should be < 260 h/month in order to minimize fatigue symptoms in male day workers.

L Ala-Mursula; J Vahtera; A Kouvonen; A Vaananen; A Linna (2006), The associations of working hours (paid, domestic, commuting, and total) with sickness, absence, and to examine whether these associations vary according to the level of employee control over daily working hours. The study among 25,703 full-time public sector workers in 10 towns in Finland. Long domestic and total working hours were associated with higher rates of medically certified sickness absences among both genders. Low control over daily working hours predicted medically certified sickness absences for both the women and men. In combination, high control over working hours reduced the adverse associations of long domestic and total working hours with medically certified absences. Employee control over daily working hours may protect health and help workers successfully combine a full-time job with the demands of domestic work.

A Baker; K Heiler; S A Ferguson (2002), The occupational health and safety implications associated with compressed and extended work periods have not been fully explored in the mining sector. Absenteeism and incident frequency rate data were collected over a 33-month period that covered three different roster schedules. The only significant change in absenteeism rates was an increase in the maintenance sector in the third data collection period. The current study did not find significant negative effects of a 12-hour pattern, when compared to an 8-hour system. However, when unregulated and excessive overtime was introduced as part of the 12-hour/5-day roster, absenteeism rates were increased in the maintenance sector.

N Nakanishia; H Yoshidaa; K Naganoa; H Kawashimob; K Nakamurac (2001), to evaluate the association of long working hours with the risk of hyper-tension. The work site is in Osaka,

Japan. 941 hypertension free Japanese male white-collar workers aged 35–54 years were prospectively examined by serial annual health examinations. 424 men developed hypertension above the borderline level. After controlling for potential predictors of hypertension, the relative risk for hypertension above the borderline level, compared with those who worked < 8.0 hours per day was 0.48, for those who worked 10.0–10.9 hours per day was 0.63. These results indicate that long working hours are negatively associated with the risk for hypertension in Japanese male white-collar workers.

N. Haworth; C. Tingvall & N. Kowadlo (2000), In response to an increasing awareness of the role of work-related driving in crashes and the related costs, many private and government organisations have developed programs to improve fleet safety. The purpose of this project is to investigate the potential to introduce road safety-based initiatives in the corporate environment. From the review, the fleet safety initiatives which have potential to be effective are, Selecting safer vehicles, Some driver training and education programs, Incentives, Company safety programs. It is assumed that the degree of influence is likely to decrease as the type of vehicle moves from the fleet towards the private end of the continuum.

Graves carol gevecker; Matanoski genevieve m; Tardiff robert g (2000), Carbonless copy paper (CCP), introduced in 1954. Its safety to workers who handle large amounts of CCP has been addressed in numerous studies and reports. This review encompasses the world's literature on CCP and provides a weight-of-evidence analysis of the safety of CCP to workers in the United States. Since 1987, it has produced neither primary skin irritation nor skin sensitization under normal conditions of manufacture and use. Finally, very few published complaints have come from the manufacturing sector where the closest and most voluminous contact occurs. Based on the weight of the evidence, NIOSH is anticipated to conclude that CCP is not a hazard to workers and has only a small possibility of producing mild and transient skin irritation.

Karen J.M. Niven (2000), A literature review was described which aimed to evaluate economic evaluations of health and safety interventions in healthcare. Problems were identified with valuing

benefits in health and safety because they frequently take many years to emerge and are difficult to measure. Understanding of economic techniques within the health and safety professions was limited, resulting in wide-ranging assumptions being made as to the positive economic impact of health and safety interventions. Healthcare managers, health economists, and health and safety professionals have not traditionally worked together and have inherent misunderstandings of each other's roles. The review concludes that the aim of future research should be to assist the National Health Service (NHS) to make valid decisions about health and safety investment and risk control methods.

A Spurgeon; J M Harrington; C L Cooper (2007), The European Community Directive on Working Time, which should have been implemented in member states of the European Community by November 1996. This paper reviews the current evidence relating to the potential effects on health and performance of extensions to the normal working day. Research to date has been restricted to a limited range of health outcomes-namely, mental health and cardiovascular disorders. Other potential effects which are normally associated with stress--for example, gastrointestinal disorders, musculoskeletal disorders, and problems associated with depression of the immune system, have received little attention. It is concluded that there is currently sufficient evidence to raise concerns about the risks to health and safety of long working hours.

Simon Chapple and Tracy Mears (2006), Most OECD countries rely on a mixture of market forces, tort liability, compulsory insurance and government regulation to deal with workplace safety and health issues. There are also other non-efficiency reasons for government involvement in workplace safety and health. However, while markets may not be efficient, government intervention can fail to make any improvement and/or not satisfy cost-benefit criteria. While the empirical evidence is not clear cut, the balance of the evidence suggests that wages may include some consideration for health and safety risks. Evidence also suggests that workers' compensation systems increase the frequency and duration of claims for non-fatal injuries but may decrease the number of fatal injuries.

Peter Hasle and Hans Jorgen Limborg (2005), The scientific literature regarding preventive occupational Health and Safety Activities in Small Enterprises has been reviewed in order to identify effective preventive approaches and to develop a future research strategy. There is a lack of evaluation of intervention studies, both in terms of effect and practical applicability.

However, there is sufficiently strong evidence to conclude that workers of small enterprises are subject to higher risks than the larger ones, and that small enterprises have difficulties in controlling risk. The most effective preventive approaches seem to be simple and low-cost solutions, disseminated through personal contact. It is important to develop future intervention research strategies, which study the complete intervention system of the small enterprises.

International Council on Nanotechnology, Rice University (2006), The report, "Current Knowledge and Practices regarding Environmental Health and Safety in the Nanotechnology Workplace", offers a review and analysis of existing efforts to develop "best practices." This report finds that efforts to catalogue workplace practices have not systematically documented current environment, health and safety practices in a variety of workplace settings and geographies. Moreover, it finds that some existing documents are not publicly available.

Maynard, Andrew D (2006), Article from newsletter by Andrew Maynard summarizing the current level of development and government investment in nanotechnology research and development, how nanotechnology presents a potential challenge to conventional approaches to understanding health hazards in the workplace, and how the United States National Institute of Occupational Safety and Health is working to address current and potential adverse health impacts in the workplace from nanotechnology.

Scandinavian Journal of Work, Environment, and Health (2008), This article seeks to address a few important questions concerning the potential health and workplace safety risks raised by the manufacturing, handling, and distributing of engineered nanoparticles.

The article addresses the following questions; (1) the hazards classification of engineered nanoparticles, (2) exposure metrics, (3) the actual exposures workers may have to different engineered nanoparticles in the workplace, (4) the limits of engineering controls and personal protective equipment in protecting workers in regard to engineered nanoparticles, (5) the kind of surveillance programs that should be put in place to protect workers, (6) whether exposure registers should be established, and (7) if engineered nanoparticles should be treated as new substances and evaluated for safety and hazards.

Allene J. Scott (2006), Numerous psychological and physiologic variables have been found to have a demonstrable 24-hour, including body temperature, the sleep wake cycle, cardiovascular parameters, cognitive performance, endocrine and immunologic factors, therapeutic response to certain medications, and psychological variables of mood and anxiety .If these biological rhythms merely reflected responses to external time cues, they would be of little consequence for the shift worker. Circadian rhythms have an endogenous component, however. The existence of a biological clock in humans has been repeatedly demonstrated in temporal isolation studies, in which subjects are separated from all environmental and social time cues. Under normal nycthemeral conditions (daytime activity and nighttime sleep), the circadian system is synchronized with the 24-hour solar day by external triggers to which the biological clock is responsive. The normal phase relationships of the multitude of biological rhythms are affected by an orchestrated response to the internal pacemaker.

J M Harrington (2007) Whether working long hours adversely affects health has been debated for many years. A recent European Council directive on working time has heightened the controversy. Its proposals include a minimum daily rest period of 11 consecutive hours in each 24-hour period, at least one rest day a week, four weeks' annual leave, and a restriction on night work to a maximum of eight hours on average. With some exceptions (including doctors in training), employees would, under the directive, have the legal right to refuse to work more than 48 hours (about 2 days) a week. The directive would be implemented under article 118A of the Treaty of Rome, which requires the directive to be based on health and safety considerations and not general

employment conditions. The British government disputes that this is a health and safety measure and is challenging its legal basis before the European Court of Justice.

C L Cooper (2009) The European Community Directive on Working Time, which should have been implemented in member states of the European Community, contains several requirements related to working hours, including the right of employees to refuse to work more than 48 hours a week. The United Kingdom government attempted to oppose the Directive, arguing that there is no convincing evidence that hours of work should be limited on health and safety grounds. Much of the research in this area has focused on the problems of shift working and previous reviews have therefore tended to emphasize this aspect of working hours. However, there is much less information about the effects of overtime work, which is a central element of the terms of the Directive. This paper reviews the current evidence relating to the potential effects on health and performance of extensions to the normal working day. Several gaps in the literature are identified. Research to date has been restricted to a limited range of health outcomes--namely, mental health and cardiovascular disorders

Chambers (2010) A total of 704 general practitioners completed questionnaires enquiring about mental health problems (response rate=82.0%). Excessive anxiety was reported by 31.1%, troublesome depression by 13.4%, exhaustion or stress (on three or more weekdays) by 60.7%, and sleep difficulties by 47.6%. General practitioners aged 40–49 years old were most likely to report anxiety, exhaustion or stress, sexual and sleep difficulties. Retired doctors reported mental health problems markedly less often. Predictive factors for anxiety were depression, one or more nights on-call per week, and exhaustion or stress; predictive factors for depression were anxiety, and exhaustion or stress; predictive factors for exhaustion or stress were anxiety, depression, no hobbies, paperwork on three or more evenings per week, and sleep difficulties. Gender, country of origin, being single-handed, excessive alcohol consumption, and having no coping methods were not predictive factors for mental health problems.

Christopher B. Frazier (2008) Recent reviews of safety culture measures have revealed a host of potential factors that could make up a safety culture. However, there is still little consensus regarding what the core factors of safety culture are. The purpose of the current research was to determine the core factors, as well as the structure of those factors that make up a safety culture, and establish which factors add meaningful value by factor analyzing a widely used safety culture survey.

Kleinsorge (2008) Organizations in the United States lose up to 170 billion dollars (about \$520 per person in the US) annually due to work-related injuries. The National Safety Council's (NSC) most recent statistics show annual losses can be as high as 183 billion dollars (about \$560 per person in the US). The NSC additionally reported each worker must increase his or her productivity on average \$1,250 to make up for a single injured worker. Conversely, reported shareholder price was higher for organizations that have an effective safety and health management system. Injuries and the associated costs decrease over time when an organization views safety as an investment rather than an expense. A small near-term investment in safety can potentially prevent larger future costs in workers compensation, lost-time work, or substantial legal costs. Additionally, a company's public reputation could be damaged if the incident was significant and thus, the possibility of hurting a company in the marketplace. argue that safety cultures, which include prevention and detection programs, can increase employee awareness and reduce costs associated with injuries.

Hughes, (2010) There was a great deal of discourse around the concept of “safety culture,” following a series of publicly scrutinized incidents. For example, the Upper Big Branch Mine in West Virginia had previously been cited for numerous safety violations. A methane buildup resulted in an explosion and mine collapse. In the following days, there was speculation surrounding the safety culture of workers, as well as those who held leadership positions at this mine.

Even when supervisors assured employees working conditions were safe, the miners knew their safety equipment. Miners observed engineers rewiring methane detector equipment under management supervision so employees could continue to work in these unsafe environments for the purpose of increasing productivity. Yet, employees did not notify the federal and state mining inspectors and appeared to breach safety protocols themselves. If cultures such as the Upper Big Branch Mine are sustained for an extended period, disasters are almost inevitable. On the other hand, a positive safety culture can help prevent work-related injuries; including major disasters like what occurred at the Upper Big Branch Mine.

Geller, (2005) A positive safety culture encompasses a purposeful relationship between management and employees to improve the safety of all workers. This means that an organization should have adequate safety procedures and proper equipment for their employees. Additionally, management should consistently communicate the importance of safety. Those who work safely should be rewarded and those who participate in unsafe practices should be penalized.

xavier (2010) External pressures may force an existing safety culture to adjust (e.g., tragedy, conforming to a new law). labeled this culture “reactive” because the organization adjusts their policies after an event has occurred. However, if employees are not motivated to act safely, most policies will not increase safe behaviors on a large scale. Instead, advocates that employee motivation for safety should come from participation in the safety program, not a bureaucratic process or regulatory policy. proposes a positive safety culture focuses on preventive measures. labeled this type of culture “proactive” because the organization places safety as a priority *before* a negative event occurs or a law is established.

Clarke (2008) Safety culture is just one of many within an overall organizational culture. A positive safety culture should be developed within the framework of an organizational culture to help ensure organizational consistency within safety culture programs. Before continuing with a safety culture literature review, it is necessary to understand what organizational culture is in a broader context, and why researchers continue to focus on it.

Schein (2010) Organizational culture comes from the external environment and the integration of an internal framework (). There are varying definitions of organizational culture. Organizational culture encompasses the central beliefs, values and assumptions of the organization. Alternatively, a more frank definition of organizational culture is, “the way we do things around here.” commonly held definition of culture is pattern of basic assumptions, invented, discovered, or developed by a given group, as it learns to cope with its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore is to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.

Harrison (2012) Safety culture, like organizational culture, does not have a universal definition. define safety culture as, the values, attitudes, beliefs, risk-perceptions and behaviors as they relate to employee safety. The Health and Safety Executive of the United Kingdom defined it as the safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety and by confidence in the efficacy of preventive measures Most organizations have mission statements, which should be a reference for appropriate conduct for employees. Cultural assumptions and values are typically the basis of an organization's mission.

Kotter (2012) suggest that stronger cultures that involve employees can affect the organization in three ways. When the goals of management and employees are united, each understands the necessity of their work to the organization. Thus, strong communication between management and employees is vital. Secondly, the motivation and “engagement” of employees can favorably impact business. Lastly, strong cultures enhance performance by supplying structure and control without the need for an overbearing establishment of rules and other formalities. All these components can contribute to a positive safety culture as well.

Dollard (2010) The most prevalent construct in every survey reviewed was the perception of management/supervisors' attitudes and behaviors around safety. Potential sub factors include management consideration of employee safety, care for employees, and enforcing safety policies and regulations within their respective business and industry. Additionally, Dollard 2010 found evidence that positive safety culture values can permeate an organization if top management leads safety efforts by communicating and exhibiting the importance of safety.

Phillips (2013) Work pressure typically is seen as a sub-factor of Management Concern because management creates the operation and production schedules, and Management should encourage safe behavior along with their operational goals. The two should not be viewed as mutually exclusive. Otherwise, employees view production as a higher priority than safety and unsafe behavior may be reinforced and repeated. Survey questions regarding work pressure would ask if management set unrealistic production goals without regarding safety, or if the current production goals set by a supervisor or management force employees to compromise safety.

Harvey (2006) defined personal responsibility as the “perceived responsibility for involvement in safety issues” (p. 23) whereby workers are accountable for their own safety and management is accountable for reducing their workers' risky behavior, as is part of their job description. Harvey et al. found that workers tend to feel less responsibility than managers/supervisors. Perhaps because of this, the review gave little attention to the construct. Survey questions around personal responsibility for safety would ask employees if employees get blamed by management without investigation, if they report minor injuries and incidents regularly, and if they engage in risky behavior. Risky behavior has been measured through surveys of one's perception of personal risk.

Geller (2011) There is a robust model of employee-focused caring in the safety literature. For over two decades, Actively Caring has occurred when employees go out of their way to alert a co-worker who is exhibiting at-risk behavior or congratulating an employee for performing their task safely. He described Actively Caring as positive behaviors that lead to a safer working environment that are reinforced through positive consequences.

In the context of safety culture measurement, Actively Caring may be referenced as Peer Support for Safety. Survey questions around Peer Support for Safety ask employees if they should caution each other about hazardous work, do caution each other, and respectfully acknowledge each other when they witness particularly safe behavior.

Murphy (2008) Safety systems involve tactics that managers use to manage safety. These methods include actions such as designating safety officials or developing prevention strategies. The perceived worker involvement in safety programs and safety feedback should be included in definitions of safety systems.

Cooper (2014) Despite the prevalence of the construct in the literature, safety systems were not consistently defined in the previous reviews were the components measured reliably in past surveys Thus, a more refined concept of Safety Management Systems (SMS) offers a consistent definition and assessment. While going as far to say SMS may not be necessary when assessing safety culture, others have demonstrated SMS scales can improve the measurement of an overall safety culture if the Safety Management Systems.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 METHODOLOGY

Research Methodology is mainly needed for the purpose of framing the research process and the designs and tools that are used for the project purpose. Research methodology helps to find the employees opinion on the study. In this study, the research methodology is framed for the purpose of identifying the perception of workers towards Health and safety measures

3.2 RESEARCH DESIGN:

A Research design is an arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purchase with economy in procedure. Fundamental to the success of any research project is the sound research design. The research design tool for the study was Descriptive Research Design.

3.3 SOURCES OF INFORMATION:

3.3.1 PRIMARY DATA:

The Present study is based on the primary data which was collected using the questionnaire method using google forms.

3.3.2 SECONDARY DATA:

Secondary data has been obtained from published as well as unpublished literature on the topic and from books, journals, newspapers, research articles, thesis, websites, magazines etc.

3.4 SAMPLE SIZE:

Appropriate number of sample size (135) was used for the purpose of collecting primary data from the selected employees.

3.5 SAMPLING METHOD:

Non-probability sampling design based on convenient sampling method has been used for this research study.

3.6 PERIOD OF STUDY:

This study has been carried out for three months.

3.7 HYPOTHESIS:

HYPOTHESIS-1

- H0: There is no relationship between the age and satisfaction level.
- H1: There is a relationship between age and satisfaction level.

HYPOTHESIS-2

- H0: There is no significant different between the stress towards works and accidents
- H1: There is significant different between the stress towards works and accidents

3.8 TOOLS FOR ANALYSIS:

The software used to analyze the results by the researcher was IBM SPSS software. The statistical tools applied are:

3.8.1 THE PERCENTAGE ANALYSIS:

Refers to a specified kind of each percentage which is used in making comparison between two or more services of date, percentage are based in descriptive relationship. It compares the relative item, and the percentage reduces everything to a common base and thereby allow meaning comparison.

3.8.2 CHI SQUARE TEST:

It is a statistical tool for determining whether 2 variables are independent of one another. The chi square test for independent examines whether knowing the value of each variable helps to estimate the value of another variable. The chi test is designed to test the null hypotheses that there is no association or relation between the independent and the dependents variable.

The chi test is used in the study to analyze any of the demographic variables (independent) that have an effect on the scores of the performance and the scores of satisfaction. The formula used to calculate this is

$$X^2 = \sum \frac{(O - E)^2}{E}$$

Where,

O = Observed frequency of the cell

E = Expected frequency of the cell.

3.8.3 Correlation:

A correlation coefficient is a statistical measure of the degree to which changes to the value of one variable predict change to the value of another. When the fluctuation of one variable reliably predicts a similar fluctuation in another variable, there's often a tendency to think that means that the change in one causes the change in the other. However, correlation does not imply causation. There may be, for example, an unknown factor that influences both variables similarly.

3.9 LIMITATION OF THE STUDY

- ✖ The sample size selected by the researcher is limited.
- ✖ Therefore, the results cannot be generalized for the whole industry.
- ✖ The time factor in collecting the responses as in conducting the research study
- ✖ The respondents were unable or unwilling to give a response.

CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

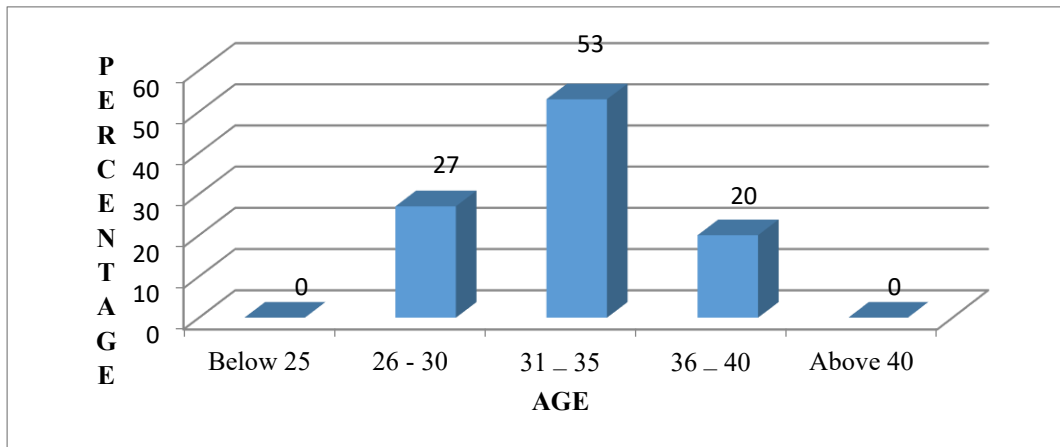
4.1 PERCENTAGE ANALYSIS:

4.1.1 Table showing the age of the respondents

AGE	NO. OF RESPONDENTS	PERCENTAGE
Below 25	-	-
26 - 30	36	27
31 – 35	72	53
36 – 40	27	20
Above 40	-	-
Total	135	100

Source: primary data

4.1.1 Figure showing the age of the respondents



INTERPRETATION

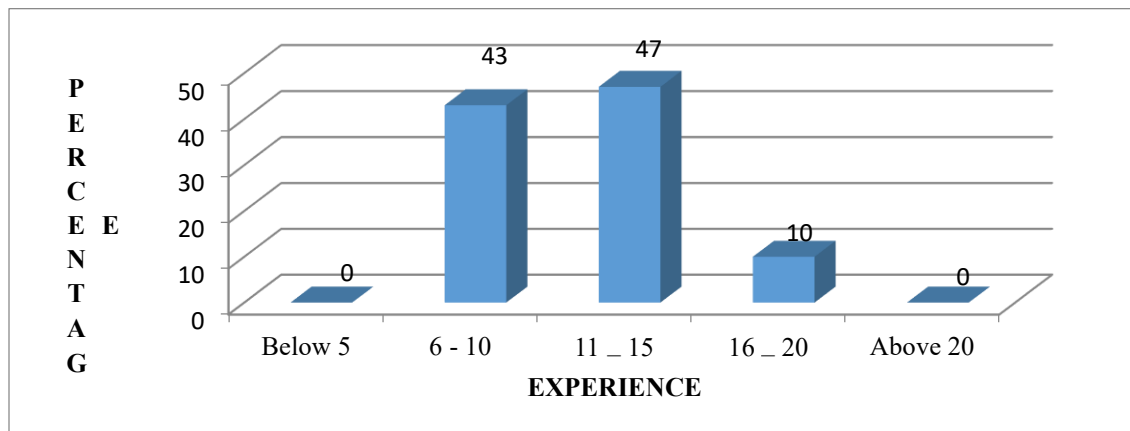
In this table 1.1, it infers that 53% of the respondents are having the age limit of 31 – 35 years and 27% of the respondents are comes under the age limit of 26 – 30 years and 20% of the respondents falls between the age limit of 36 – 40 years.

4.1.2 Table showing the experience (in years) of the respondents

EXPERIENCE	NO. OF RESPONDENTS	PERCENTAGE
Below 5	-	-
6 – 10	58	43
11 – 15	63	47
16 – 20	14	10
Above 20	-	-
Total	135	100

Source: primary data

4.1.2 Figure showing the experience (in years) of the respondents



INTERPRETATION:

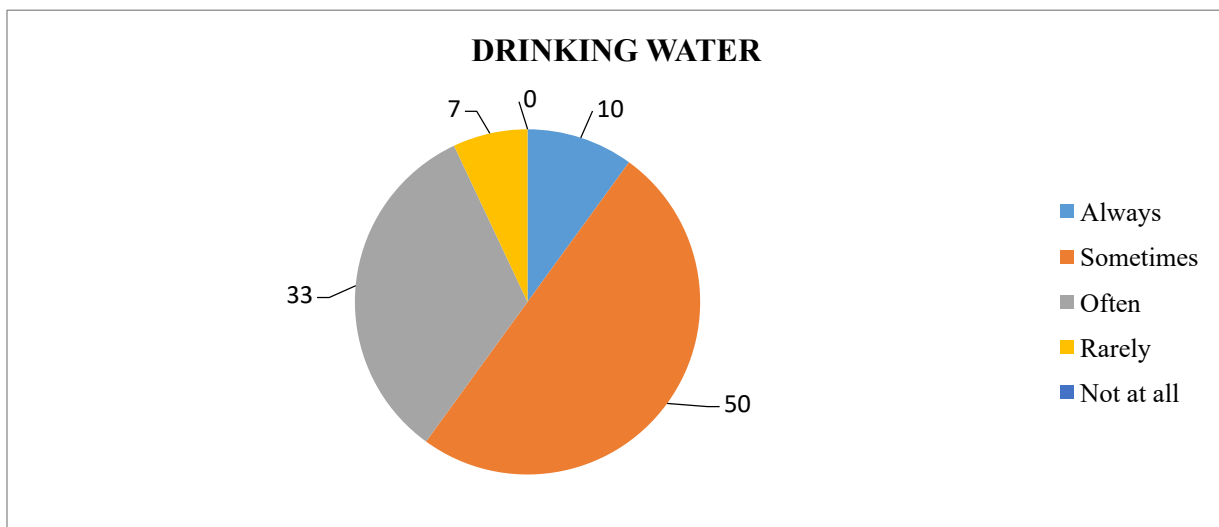
In this table 1.2, it infers 47% of the respondents are having the experience of 11 – 15 years and 43% of the respondents are having the experience of 6 – 10 years and only 10% of the respondents are having the experience of 16 – 20 years.

4.1.3 Table showing the drinking water facility

DRINKING WATER	NO. OF RESPONDENTS	PERCENTAGE
Always	14	10
Sometimes	67	50
Often	45	33
Rarely	9	7
Not at all	-	-
Total	135	100

Source: primary data

4.1.3 Figure showing the drinking water facility



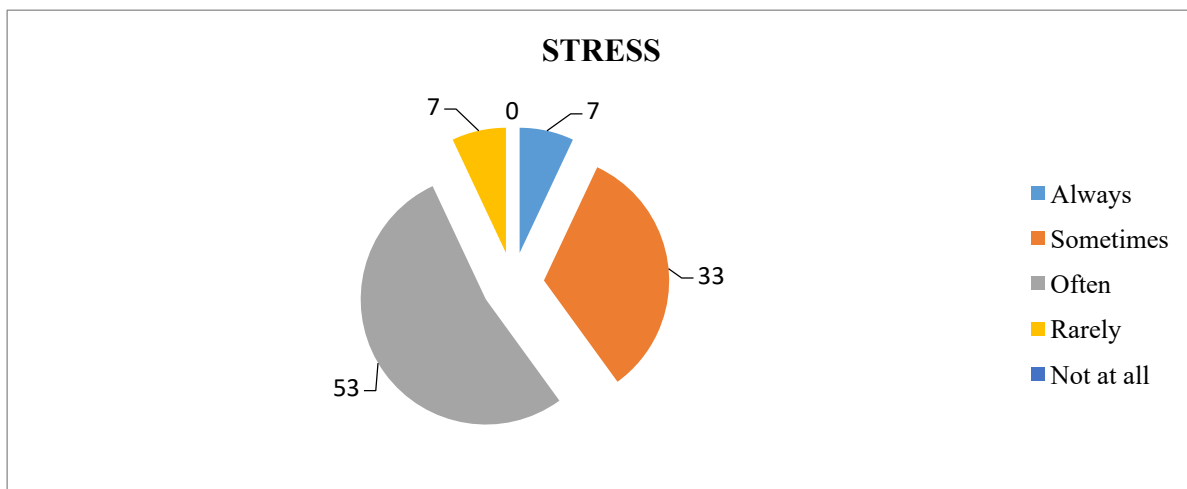
INTERPRETATION: In this table 1.3, infers that 50% of the respondents respond that sometimes they have proper drinking water and 33% of the respondents says often they have proper drinking water and 10% of the respondents say that always they have proper drinking water and 7% of the respondents says rarely they have proper drinking water facility inside the workplace.

4.1.4 Table showing the stress towards work

STRESS	NO. OF RESPONDENTS	PERCENTAGE
Always	9	7
Sometimes	45	33
Often	72	53
Rarely	9	7
Not at all	-	-
Total	135	100

Source: primary data

4.1.4 Figure showing the stress toward work



INTERPRETATION:

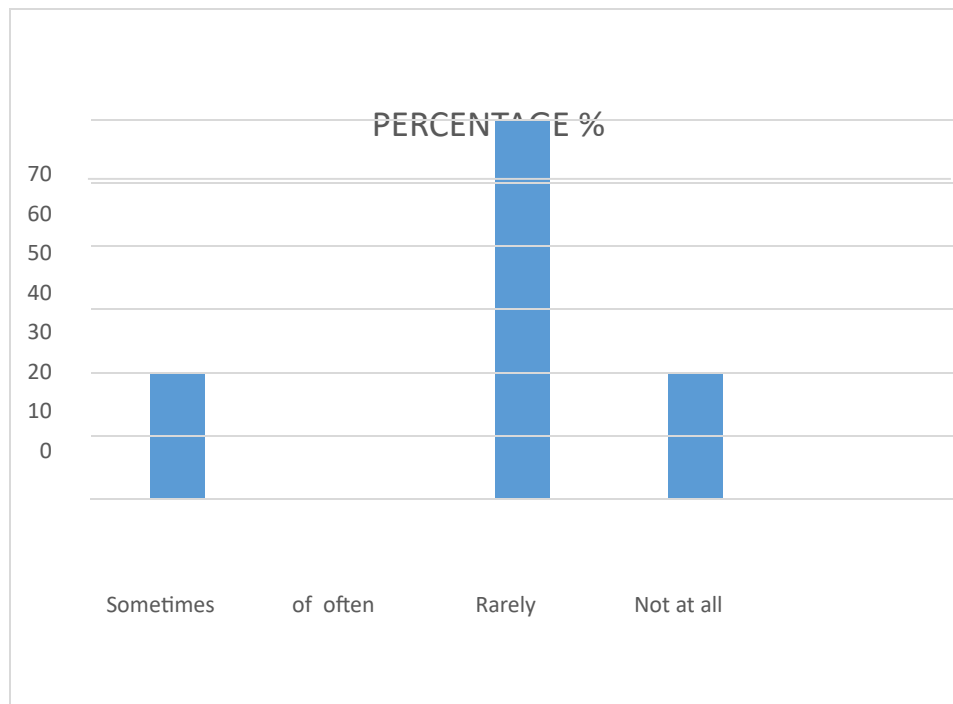
In this table 1.4, it infers that 53% of the respondents says often they have stress and 33% of the respondents respond that sometimes they have stress and 7% of the respondents say that always they have stress and only 7% of the respondents says rarely they have stress towards work.

4.1.5 Table showing the accidents happened

ACCIDENTS	NO. OF RESPONDENTS	PERCENTAGE
Always		
Sometimes	27	20
Often	-	-
Rarely	81	60
Not at all	27	20
Total	135	100

Source: primary data

4.1.5 Figure showing the accidents happened



INTERPRETATION:

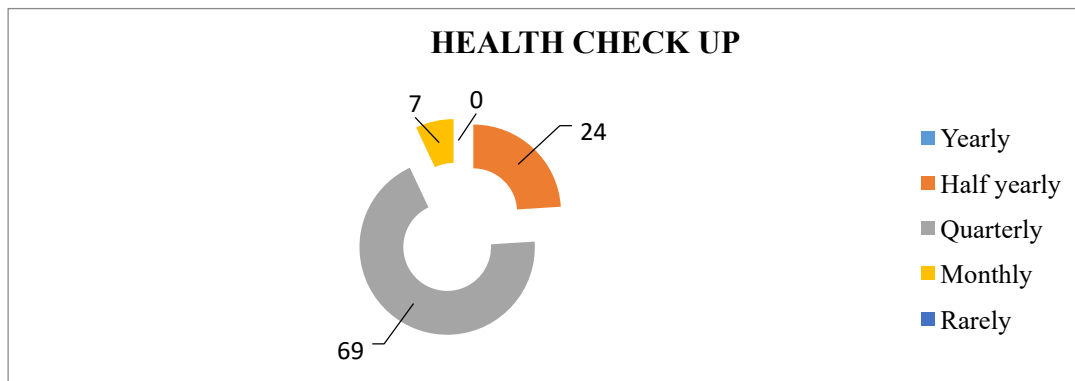
In this table 1.5, infers that 60% of the respondents say rarely the accidents are happened and 20% of the respondents say often the accidents are happened and 20% of the respondents respond that not at all the accidents are happened

4.1.6 Table showing the health checkup for workers

HEALTH CHECKUP	NO. OF RESPONDENTS	PERCENTAGE
Yearly	-	-
Half yearly	32	24
Quarterly	94	69
Monthly	9	7
Rarely	-	-
Total	135	100

Source: primary data

4.1.6 Figure showing the health checkup for workers



INTERPRETATION:

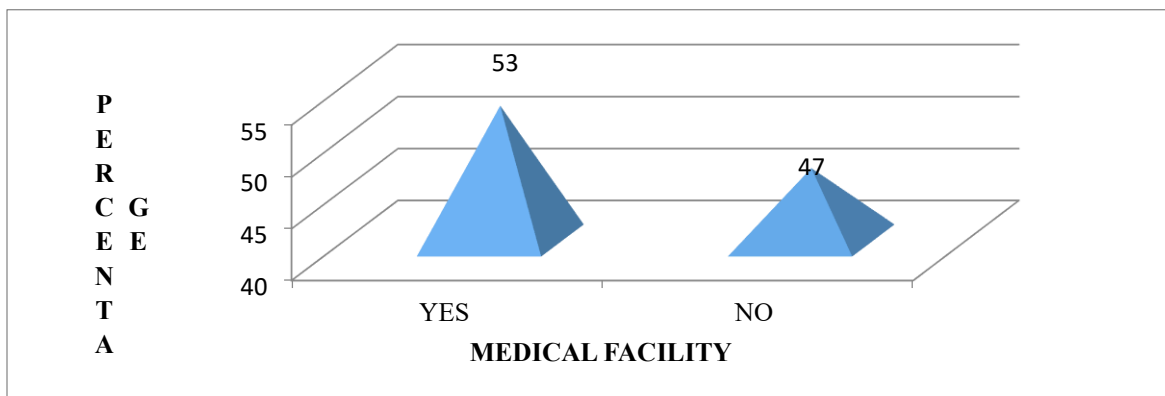
In this table 1.6, infers that 69% of the respondents say the health checkup for workers happens quarterly and 24% of the respondents say the health checkup for workers happens half-yearly and 7% of the respondents respond that the health checkup for workers happens monthly

4.1.7 Table showing the medical facility

MEDICAL FACILITY	NO. OF RESPONDENTS	PERCENTAGE
YES	72	53
NO	63	47
Total	135	100

Source: primary data

4.1.7 Figure showing the medical facility



INTERPRETATION:

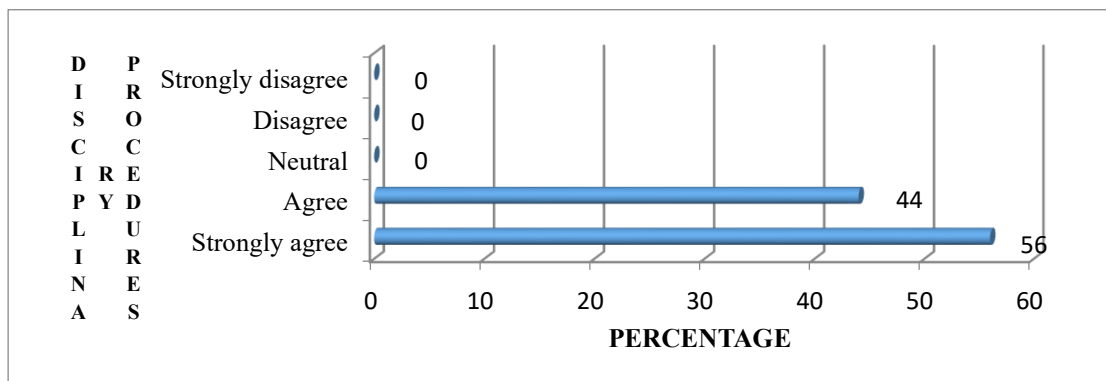
In this table 1.7, it infers that 53% of the respondents say that the company is providing medical facilities but 47% of the respondents respond that the company is not providing medical facilities to the workers.

4.1.8 Table showing the effective disciplinary procedures implementation

DISCIPLINARY	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	76	56
Agree	59	44
Neutral	-	-
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.8 Figure showing the effective disciplinary procedures implementation



INTERPRETATION:

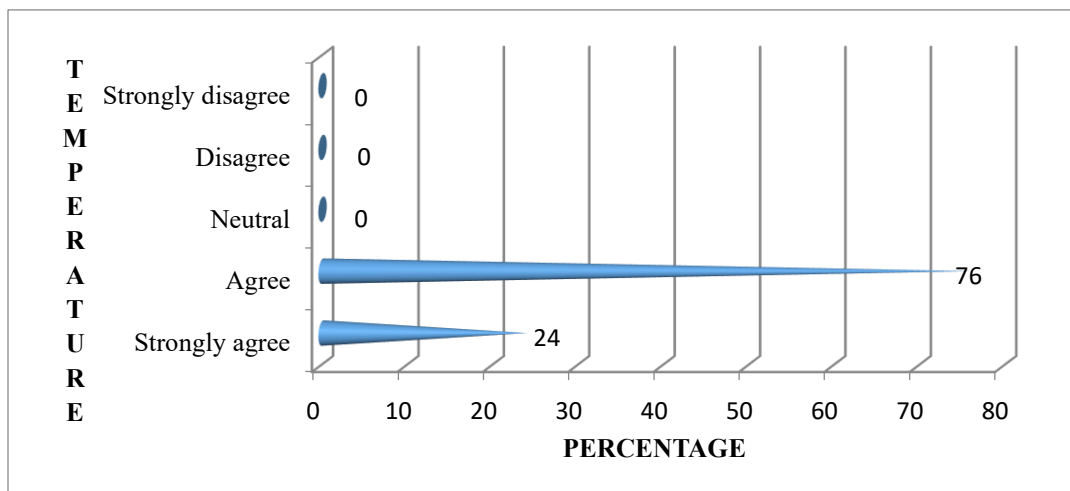
In this table 1.8, it infers that 56% of the respondents strongly agree that the company implements effective disciplinary procedures and 44% of the respondents simply agree that the company implements effective disciplinary procedures.

4.1.9 Table showing the working temperature is reasonable to work

TEMPERATURE	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	32	24
Agree	103	76
Neutral	-	-
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.9 Figure showing the working temperature is reasonable to work



INTERPRETATION:

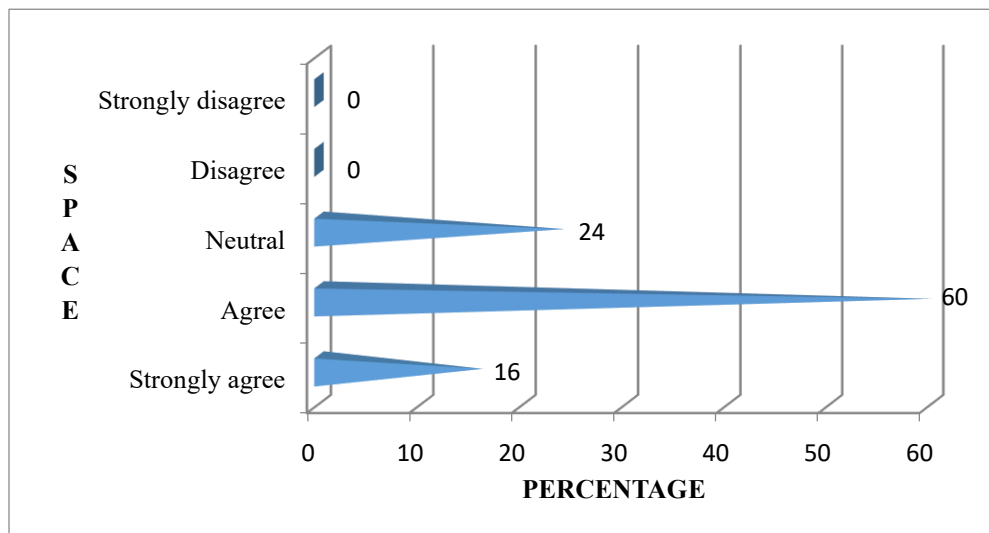
In this table 1.9, it infers that 76% of the respondents simply agree that the working temperature is reasonable to work and 24% of the respondents strongly agree that the working temperature is reasonable to work.

4.1.10 Table showing the enough space to work

SPACE TO WORK	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	22	16
Agree	81	60
Neutral	32	24
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.10Figure showing the enough space to work



INTERPRETATION:

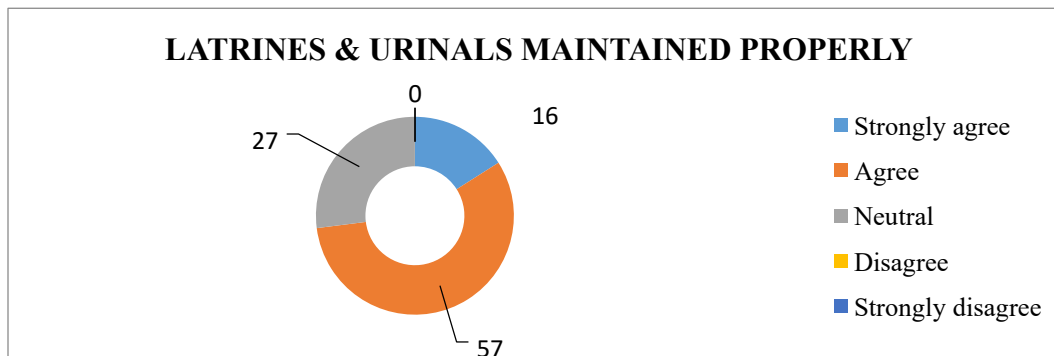
In this table 1.10, it infers that 60% of the respondents simply agree that they have enough space to work and 24% of the respondents have no idea about the overcrowding and 16% of the respondents strongly agree that they have enough space to work.

4.1.11 Table showing the latrines and urinals are cleaned and maintained properly

LATRINES & URINALS	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	22	16
Agree	77	57
Neutral	36	27
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.11 Figure showing the latrines and urinals are cleaned and maintained properly



INTERPRETATION:

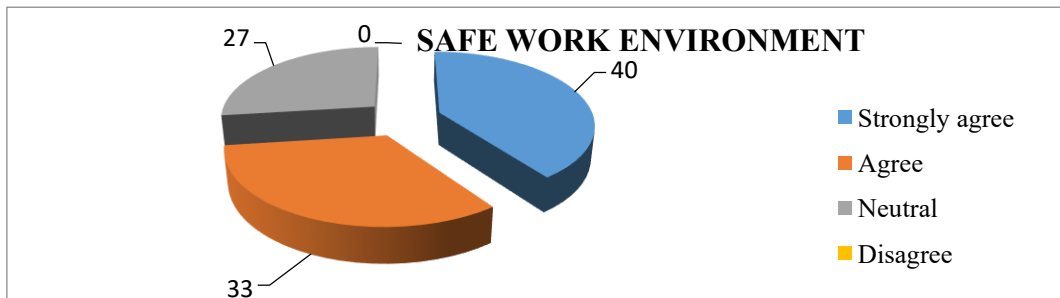
In this table 1.11, infers that 57% of the respondents simply agree that the latrines and urinals are cleaned and maintained properly and 27% of the respondents have no idea about the maintenance of latrines and urinals and 16% of the respondents strongly agree that the latrines and urinals are cleaned and maintained properly.

4.1.12 Table showing the environment is safe to work

ENVIRONMENT	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	54	40
Agree	45	33
Neutral	36	27
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.12 Figure showing the environment is safe to work



INTERPRETATION:

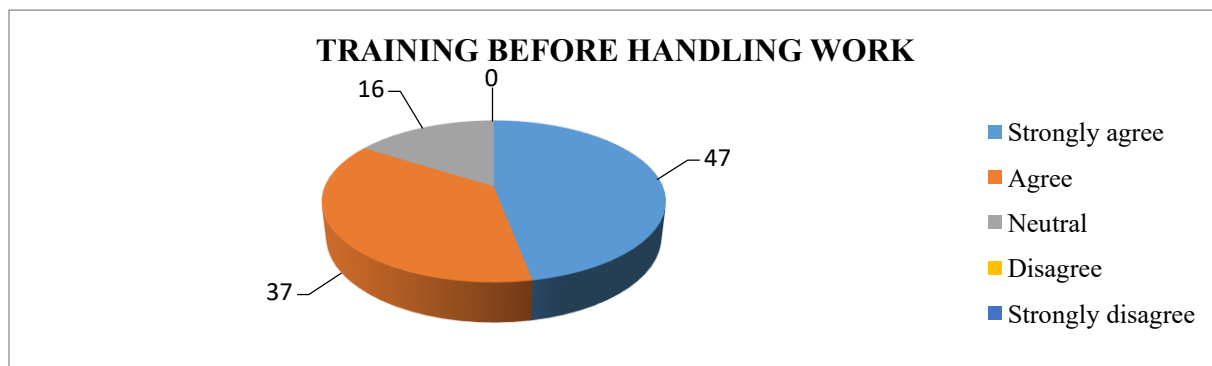
In this table 1.12, infers that 40% of the respondents strongly agree that their environment is safe to work and 33% of the respondents simply agree that their environment is safe to work and 27% of the respondents say that they have no idea about the safe working environment.

4.1.13 Table showing the enough training given to workers before handling the work

TRAINING	NO. OF RESPONDENTS	PERCENTAGE
Strongly agree	63	47
Agree	50	37
Neutral	22	16
Disagree	-	-
Strongly disagree	-	-
Total	135	100

Source: primary data

4.1.13 Figure showing the enough training given to workers before handling the work



INTERPRETATION:

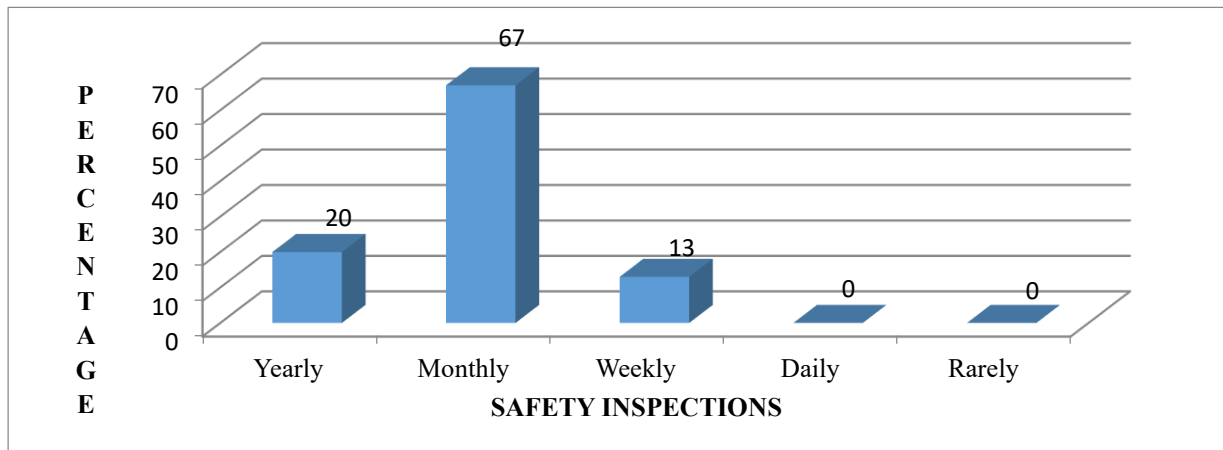
In this table 1.13, infers that 47% of the respondents strongly agree that enough training is given to the workers and 37% of the respondents simply agree that enough training is given to the workers and 16% of the respondents say that they have no idea about enough the training given to the workers.

4.1.14 Table showing the safety inspections held in the company

SAFETY INSPECTIONS	NO. OF RESPONDENTS	PERCENTAGE
Yearly	27	20
Monthly	90	67
Weekly	18	13
Daily	-	-
Rarely	-	-
Total	135	100

Source: primary data

4.1.14 Figure showing the safety inspections held in the company



INTERPRETATION:

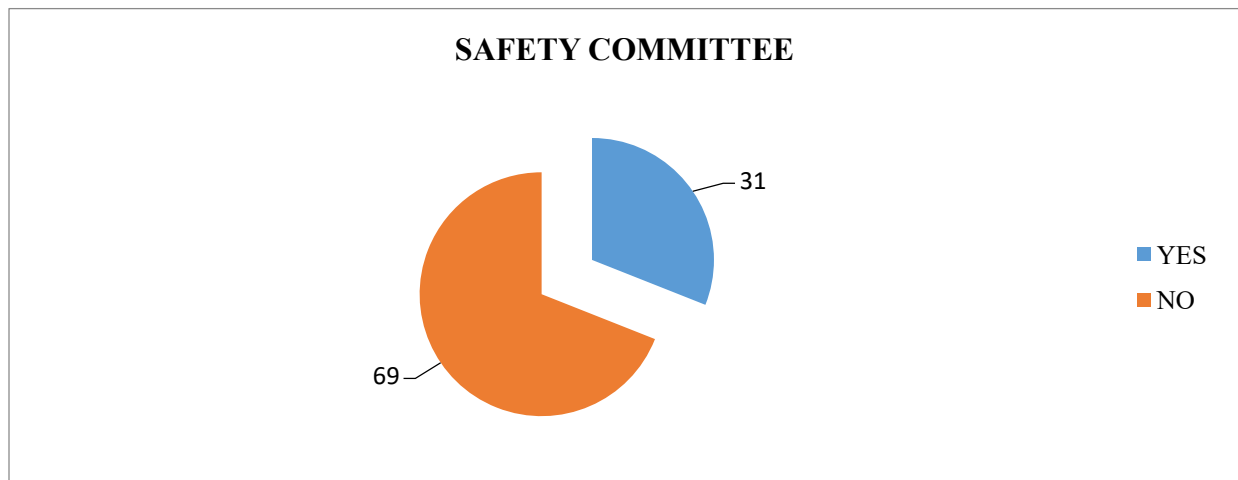
In this table 1.14, infers that 67% of the respondents respond that the safety inspections are held monthly once and 20% of the respondents say that the safety inspections are held yearly once and 13% of the respondents say that the safety inspections are held weekly once.

4.1.15 Table showing the safety committee formed

SAFETY COMMITTEE	NO. OF RESPONDENTS	PERCENTAGE
YES	41	31
NO	94	69
Total	135	100

Source: primary data

4.1.15 Figure showing the safety committee formed



INTERPRETATION:

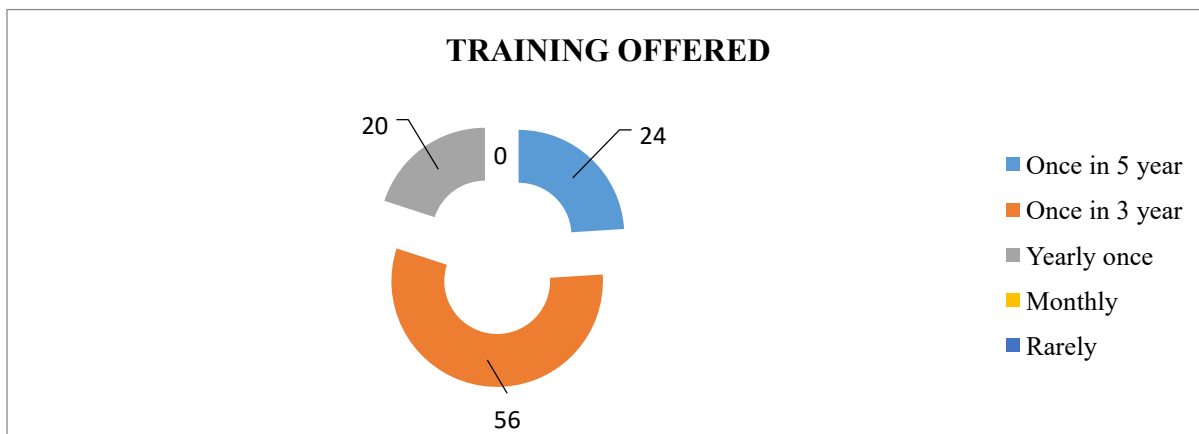
In this table 1.15, it infers that 69% of the respondents say that the safety committee is not formed in the company and only 31% of the respondents respond that the safety committee is formed in the company.

4.1.16 Table showing the frequency of training offered

TRAINING OFFERED	NO. OF RESPONDENTS	PERCENTAGE
Once in 5 years	32	24
Once in 3 years	76	56
Yearly once	27	20
Monthly	-	-
Rarely	-	-
Total	135	100

Source: primary data

4.1.16 Figure showing the frequency of training offered



INTERPRETATION:

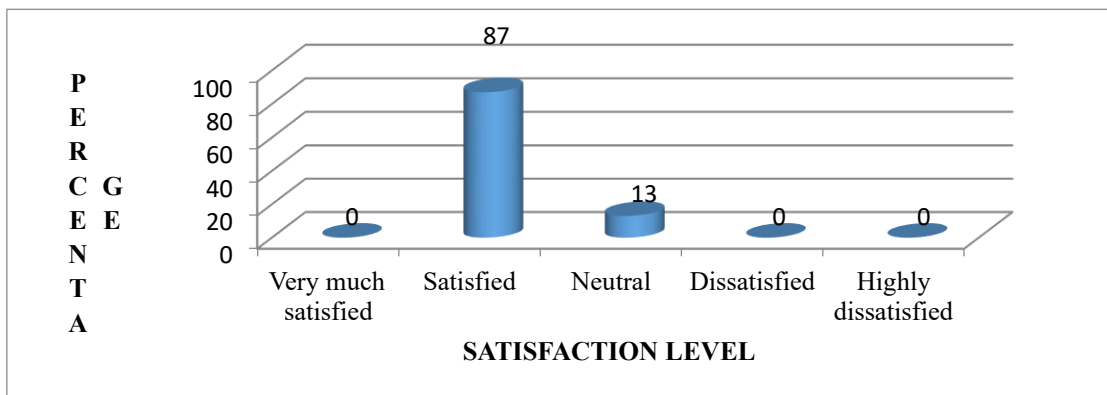
In this table 1.16, infers that 56% of the respondents respond that the training is offered yearly once in 3 years and 24% of the respondents respond that the training is offered once in 5 years and 20% of the respondents say that the training is offered yearly once.

4.1.17 Table showing the satisfactory level of workers towards health and safety measures

SATISFACTORY LEVEL	NO. OF RESPONDENTS	PERCENTAGE
Very much satisfied	-	-
Satisfied	117	87
Neutral	18	13
Dissatisfied	-	-
Highly dissatisfied	-	-
Total	135	100

Source: primary data

4.1.17 Figure showing the satisfactory level of workers towards health and safety measures



INTERPRETATION:

In this table 1.17, it infers that 87% of the respondents say that they are simply satisfied with the health and safety measures and 13% of the respondents say that they have no idea about the satisfaction level from health and safety measures.

4.1.18 Table showing the role of management in implementing health and safety

ROLE OF MANAGEMENT	NO. OF RESPONDENTS	PERCENTAGE
Excellent	-	-
Best	54	40
Better	67	50
Good	14	10
Poor	-	-
Total	135	100

Source: primary data

4.1.18 Figure showing the role of management in implementing health and safety



INTERPRETATION:

In this table 1.18, it infers that 50% of the respondents say that the role of management is better and 40% of the respondents say that the role of management is best and 10% of the respondents respond that the role of management in implementing health and safety is good.

4.2 CHI-SQUARE

CHI- SQUARE TEST

Chi-square is the sum of the squared difference observed (o) and the expected (e) data (or the deviation, d), divided by the expected data in all possible categories.

HYPOTHESIS

Null hypothesis (Ho):

There is no relationship between age and satisfaction level.

Alternate hypothesis (H1):

There is a relationship between age and satisfaction level.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age group * satisfaction level	135	100.0%	0	.0%	135	100.0%

Age group * satisfaction level Cross tabulation

			Satisfaction level		
			Satisfied	neutral	Total
Age group	26-30	Count	36	0	36
		Expected Count	31.2	4.8	36.0
		% within age group			
		% within satisfaction level	100.0%	.0%	100.0%
		% of Total	30.8%	.0%	26.7%
			26.7%	.0%	26.7%
31- 35		Count	72	0	72
		Expected Count	62.4	9.6	72.0
		% within age group			
		% within satisfaction level	100.0%	.0%	100.0%
		% of Total	61.5%	.0%	53.3%
			53.3%	.0%	53.3%
36-40		Count	9	18	27
		Expected Count	23.4	3.6	27.0
		% within age group			
			33.3%	66.7%	100.0%

		% within satisfaction level	7.7%	100.0%	20.0%
		% of Total	6.7%	13.3%	20.0%
Total	Count		117	18	135
	Expected Count		117.0	18.0	135.0
	% within age group				
	% within satisfaction level		86.7%	13.3%	100.0%
			100.0%	100.0%	100.0%
	% of Total				
			86.7%	13.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	83.077 ^a	2	.000
Likelihood Ratio	71.650	2	.000
Linear-by-Linear Association	50.746	1	.000
N of Valid Cases	135		

a. 2 cells (33.3%) have expected count less than 5.

The minimum expected count is 3.60

Interpretation

Since the significant value is less than 0.05, we accept the alternate hypothesis and hence there is a relationship between the age and satisfaction level.

4.3 CORRELATION

Null hypothesis (Ho):

There is no significant difference between the stress towards work and accidents.

Alternate hypothesis (H1):

There is a significant difference between the stress towards work and accidents.

Correlations

		Stress towards work	accidents
Stress towards work	Pearson Correlation	1	.746**
	Sig. (2-tailed)		.000
	N	135	135
Accidents	Pearson Correlation	.746**	1
	Sig. (2-tailed)	.000	
	N	135	135

** . Correlation is significant at the 0.01 level (2-tailed)

INTERPRETATION:

Thus, the correlation, co-efficient between stress towards work and accidents is 0.746.

CHAPTER – 5

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 FINDINGS:

- 53% of the respondents have the age limit of 31 – 35 years and 27% of the respondents are comes under the age limit of 26 – 30 years and 20% of the respondents falls between the age limit of 36 – 40 years.
- 47% of the respondents have the experience of 11 – 15 years and 43% of the respondents are having the experience of 6 – 10 years and only 10% of the respondents are having the experience of 16 – 20 years.
- 50% of the respondents respond that sometimes they have proper drinking water and 33% of the respondents says often they have proper drinking water and 10% of the respondents say that always they have proper drinking water and 7% of the respondents says rarely they have proper drinking water facility inside the workplace.
- 53% of the respondents say often they have stress and 33% of the respondents respond that sometimes they have stress and 7% of the respondents say that always they have stress and only 7% of the respondents say rarely they have stress towards work.
- 60% of the respondents say rarely the accidents are happened and 20% of the respondents say sometimes accidents are happened and 20% of the respondents respond that not at all the accidents are happened .

- 69% of the respondents respond that the company provides health check-up quarterly and 24% of the respondents say that the company provides health check-up half yearly and 7% of the respondents say that the company provides health check-up monthly.
- 53% of the respondents say that the company is providing medical facilities but 47% of the respondents respond that the company is not providing medical facilities to the workers.
- 56% of the respondents strongly agree that the company implements effective disciplinary procedures and 44% of the respondents simply agree that the company implements effective disciplinary procedures.
- 76% of the respondents simply agree that the working temperature is reasonable to work and 24% of the respondents strongly agree that the working temperature is reasonable to work.
- 60% of the respondents simply agree that they have enough space to work and 24% of the respondents have no idea about the overcrowding and 16% of the respondents strongly agree that they have enough space to work.
- 57% of the respondents simply agree that the latrines and urinals are cleaned and maintained properly and 27% of the respondents have no idea about the maintenance of latrines and urinals and 16% of the respondents strongly agree that the latrines and urinals are cleaned and maintained properly.
- 40% of the respondents strongly agree that their environment is safe to work and 33% of the respondents simply agree that their environment is safe to work and 27% of the respondents say that they have no idea about the safe working environment.

- 47% of the respondents strongly agree that enough training is given to the workers and 37% of the respondents simply agree that enough training is given to the workers and 16% of the respondents say that they have no idea about enough the training given to the workers.
- 67% of the respondents respond that the safety inspections are held monthly once and 20% of the respondents say that the safety inspections are held yearly once and 13% of the respondents say that the safety inspections are held weekly once.
- 69% of the respondents say that the safety committee is not formed in the company and only 31% of the respondents respond that the safety committee is formed in the company.
- 56% of the respondents respond that the training is offered once in 3 years and 24% of the respondents respond that the training is offered once in 5 years and 20% of the respondents say that the training is offered yearly once.
- 87% of the respondents say that they are simply satisfied with the health and safety measures and 13% of the respondents say that they have no idea about the satisfaction level from health and safety measures.
- 50% of the respondents say that the role of management is better and 40% of the respondents say that the role of management is best and 10% of the respondents respond that the role of management in implementing health and safety is good.
- Since the significant value is less than 0.05, we accept the alternate hypothesis and hence there is a relationship between the age and satisfaction level.
- Thus, the correlation, co-efficient between stress towards work and accidents is 0.746

5.2 SUGGESTIONS

- The organization must create awareness for the workers regarding health and safety.
- They have to provide effective arrangements to the workers for communicating their health and safety matters.
- It is better to provide frequent health and safety training, at least once a year.
- The organization has to provide enough drinking water facilities available all the time.
- The management has to take necessary steps to reduce the stress level of the workers.
- Orientation programmes can be conducted to make the workers feel that their work environment is safe to work.
- A safety committee has to be formed to monitor health and safety issues.
- The organization has to conduct regular inspections to ensure a higher level of safety in the workplace.
- A cordial relationship has to be maintained between the management and the workers to implement the health and safety policies and measures in a smooth manner.

5.3 CONCLUSION

- It is revealed from the study that, in perception towards health and safety measures adopted in Manufacturing industry provided to the workers according to the provisions of the companies act.
- The research also states that the focus is on the various factors with influence of health and safety measures.
- It reveals that the awareness of the workers about health and safety in the workplace is inadequate.
- Suitable ideas were suggested to avoid those accidents and to improve the health and safety measures. The role of management in implementing health and safety in the organization is very effective.
- Most of the workers were satisfied with the health and safety measures adopted in the company. If the organization implements effective disciplinary procedures, it will help the organization to go with their policies and to maintain health and safety in the organization.

QUESTIONNAIRE

**“Questionnaire on a Study on employees perception towards health and safety
measures: A study of selected employees in G4s secure private limited”**

Personal details:

1) Name (Optional) :

2) Age

(a) Below 25 (b) 26-30 (c) 31-35 (d) 36-40 (e) Above 40

3) Experience (in years)

(a) Below 5 (b) 6-10 (c) 11-15 (d) 16-20 (e) Above 20

Health facilities:

Q,NO	PARAMETERS	Always	Sometimes	Often	Rarely	Not at all
4.	Do you have proper drinking water facility inside your work place?					
5.	Do you have any stress towards work?					
6.	How often the accidents happen?					

7. How often does the company provide health checkups for workers?

(a) Yearly (b) Half yearly (c) Quarterly (d) Monthly (e) Rarely

8. Does the company provide medical facilities to the workers?

(a) Yes (b) No

Safety facilities:

Q.NO	PARAMETERS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
9.	The company implements effective disciplinary procedure to maintain health and safety?					
10.	Is the working temperature reasonable to work?					
11.	Do you have enough space to work?					
12.	Are the latrines and urinals cleaned and maintained properly?					
13.	Do you think that your environment is safe to work in?					
14.	Is enough training given to the workers before handling the work?					

15. How often are the safety inspections held in your company?

(a) Yearly (b) Monthly (c) Weekly (d) Daily (e) Rarely

16. Are you aware of the health and safety measures adopted in the company?

(a) Yes (b) No

17. How frequent is training offered in the company?

(a) Once in 5 years (b) once in 3 years (c) yearly once (d) Monthly (e) Rarely

18. Satisfactory level of the health and safety measures taken in the company?

(a) Very much satisfied (b) Satisfied (c) Neutral (d) Dissatisfied (e) Highly dissatisfied

19. The role of management in implementing health and safety?

(a) Excellent (b) Best (c) Better (d) Good (e) poor

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