BOE BUILDING (450 N STREET) – HEALTH AND SAFETY SURVEY

Introduction

As we all know, 450 N St has a long history of operational problems which impact not only the health and safety of all of us who work in the building but also the critical work that we do. Through our union, SEIU Local 1000, we are working to assess the scale and nature of how the building issues impact us.

The survey that follows is designed to provide us, as BOE employees, an opportunity to document the ways that the flooding, mold, air quality, elevator break-downs and other operational problems at 450 N St have impacted our health, our work and our lives. We need to gather hard data about how many people have experienced what kinds of problems on which floors of the building. We also need to know how many of the employees feel that moving out would be the best solution.

The data we collect will help us to work with BOE management to convince the legislature and workplace health & safety agencies like CalOSHA that we need quick and decisive action. The data will also be used to garner public support to ensure BOE employees have a safe and healthy workplace.

General Information

Please answer the following questions about yourself. Questions 1 - 3 are optional, but a response is appreciated.

1. **First Name:**

2. **Last Name:**

3. **Please provide the following information (optional):**

   Work Phone:

   Cell Phone:

   Work E-mail Address:

   Home E-mail Address:

4. **Classification:** *(A response is needed)*

5. **What division or department of BOE do you work in?** *(A response is needed)*

6. **What floor do you work on?** *(A response is needed)*

   Enter floor number here:

7. **How long have you worked at 450 N. Street?** ***(A response is needed)***

   # Years:

   # Months:

BOE BUILDING (450 N STREET) – HEALTH AND SAFETY SURVEY

Health

8. In the last 12 months, have you had 4 or more episodes of the following symptoms? *CHOOSE ONE*

	No	**Yes,** this symptom started **AFTER** working here.	**Yes,** this symptom started **BEFORE** working here.
Asthma	☐	☐	☐
Itchy or watery eyes	☐	☐	☐
Blocked or stuffy nose	☐	☐	☐
Runny nose	☐	☐	☐
Dry throat	☐	☐	☐
Lethargy and/or tiredness	☐	☐	☐
Headaches	☐	☐	☐
Dry, itchy, or irritated skin	☐	☐	☐
Sneezing	☐	☐	☐
Nosebleeds	☐	☐	☐
Other (Please Specify): ______________________	☐	☐	☐

9. If you experienced any of the above symptoms BEFORE coming to work at 450 N Street, have they gotten worse since you've been working here?

- ☐ No
- ☐ Yes

10. Are the symptoms less severe when away from the office?

	No	**Yes**	**Not Applicable**
Asthma	☐	☐	☐
Itchy or watery eyes	☐	☐	☐
Blocked or stuffy nose	☐	☐	☐
Runny nose	☐	☐	☐
Dry throat	☐	☐	☐
Lethargy and/or tiredness	☐	☐	☐
Headaches	☐	☐	☐
Dry, itchy, or irritated skin	☐	☐	☐
Sneezing	☐	☐	☐
Nosebleeds	☐	☐	☐
Other (Please Specify) ______________________	☐	☐	☐

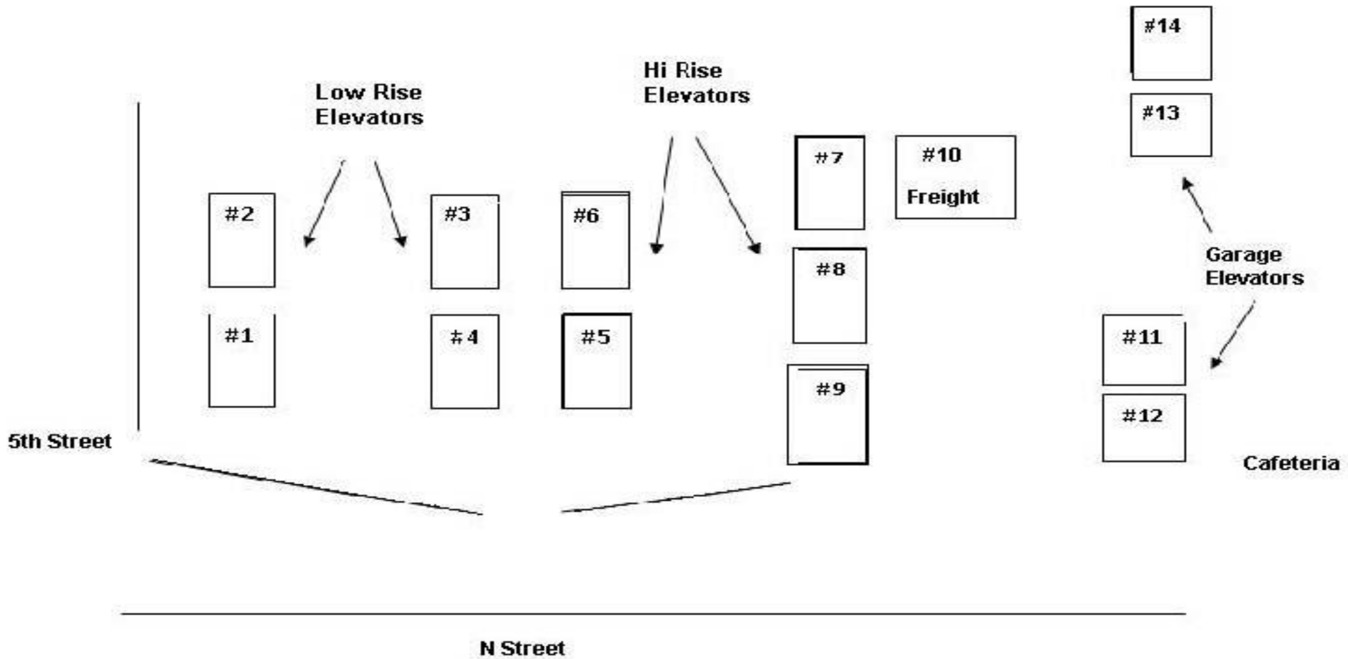
Health Cont'd

11. Has a healthcare professional treated you for any of the symptoms you selected?

	No	Yes
Asthma	☐	☐
Itchy or watery eyes	☐	☐
Blocked or stuffy nose	☐	☐
Runny nose	☐	☐
Dry throat	☐	☐
Lethargy and/or tiredness	☐	☐
Headaches	☐	☐
Dry, itchy, or irritated skin	☐	☐
Sneezing	☐	☐
Nosebleeds	☐	☐
Other (Please Specify): ____________________	☐	☐

BOE BUILDING (450 N STREET) – HEALTH AND SAFETY SURVEY
Building Safety

Use the map below to locate the number of the elevator(s) where you have experienced problems. The questions that follow require you to identify the specific elevator(s) that you have had problems with during the last six (6) months.



12. Using the map above, please select which of the following elevator problems you have experienced during the LAST SIX (6) MONTHS. You must indicate the number of the elevator where the problem was experienced.

	Elev. #1	Elev. #2	Elev. #3	Elev. #4	Elev. #5	Elev. #6	Elev. #7	Elev. #8	Elev. #9
Free falling a few feet or more.									
Hearing or feeling objects fall on top of the elevator.									
Violent shaking of the elevator.									
Elevator stopped abruptly.									
Elevator doors suddenly slammed shut.									
Getting stuck in the elevator.									

If you have also encountered problems with elevators 10 – 14, briefly describe them below:

BOE BUILDING (450 N STREET) – HEALTH AND SAFETY SURVEY

Building Safety Cont'd

13. If you have experienced being stuck in the elevator during the last six (6) months, what is the longest amount of time it took for you to get out?

☐ Less than 10 minutes

☐ 10 to 20 minutes

☐ 21 to 30 minutes

☐ 31 to 45 minutes

☐ 1 hour or more

14. Did you report any of the elevator problems you experienced?

☐ No

☐ Yes

If yes, to whom did you report the problems to and approximately when?

15. Approximately how long ago have you experienced water intrusion, from any source, on or around you work station?

☐ Regularly, almost everyday.

☐ 1 – 3 weeks ago.

☐ A month to 5 months ago.

☐ 6 months ago or longer.

☐ I have not experienced any water intrusion.

16. In light of the building problems at 450 N Street, what would you like to do? *(A response is needed)*

☐ Move out of the building permanently.

☐ Move out but return to the building after all of the problems have been resolved.

☐ No preference

17. Please describe any other specific building-related health and/or safety problems that you have observed or experienced at 450 N Street. If possible, also include when.