

One Minute Worker Feedback Survey – Form 4A

This survey is being used to collect your opinions of the recent changes/improvements that have been made for your job/workstation. Please let us know what you think about the effectiveness, advantages, disadvantages, etc. of this change and provide any suggestions you might have for further improvement.

Job Description: _____

MSD Hazard Control/Improvement: _____

Picture or description of change / improvement

1. How would you rate this control/improvement?

Dislike it – worse than before!		No different than before		Love it – huge improvement!
1	2	3	4	5

2. What are some advantages of this control/improvement?

3. What are some disadvantages of this control/improvement?

4. Do you have any suggestions for control/improvement?