



**Women and Personal Protective Equipment Survey**  
STATE OF CALIFORNIA, DEPT. OF INDUSTRIAL RELATIONS, DEPT. OF HEALTH SERVICES

*Women – Does your protective equipment fit you?*

**Welcome to the women and personal protective equipment (PPE) survey. Cal/OSHA and the Occupational Health Branch of the California Department of Health Services have designed this confidential survey to find out whether women are having problems getting safe and effective PPE on the job. Please take a few minutes and complete this form. You can also make copies of the survey for others to complete by July 30, 2004.**

**IF YOU PREFER TO FILL OUT THIS SURVEY ON THE INTERNET,  
GO TO: <http://fs6.formsite.com/BuildSafe/WomenPPE/>**

**If you are a firefighter, please fill out the **FIREFIGHTERS' SURVEY** instead of this survey. The firefighters' survey is online at: <http://fs6.formsite.com/BuildSafe/Firefighter/>**

**1. What industry do you usually work in? (choose one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Government                  | <input type="checkbox"/> Transportation, Shipping   |
| <input type="checkbox"/> Construction                | <input type="checkbox"/> Utilities, Communications, |
| <input type="checkbox"/> Manufacturing               | <input type="checkbox"/> Wholesale or Retail Trade  |
| <input type="checkbox"/> Services (e.g. auto repair) |   |
| <input type="checkbox"/> Other _____                 |   |

**2. What is your usual occupation? (choose one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Asbestos worker / Insulator     | <input type="checkbox"/> Ironworker            |
| <input type="checkbox"/> Boilermaker                     | <input type="checkbox"/> Laborer               |
| <input type="checkbox"/> Bricklayer / Tilelayer          | <input type="checkbox"/> Mechanic / Machinist  |
| <input type="checkbox"/> Carpenter / Piledriver / etc.   | <input type="checkbox"/> Operating engineer    |
| <input type="checkbox"/> Cement mason / Plasterer        | <input type="checkbox"/> Plumber / Steamfitter |
| <input type="checkbox"/> Electrician                     | <input type="checkbox"/> Painter               |
| <input type="checkbox"/> Elevator constructor / Mechanic | <input type="checkbox"/> Roofer                |
| <input type="checkbox"/> Floor Coverer                   | <input type="checkbox"/> Sheetmetal worker     |
| <input type="checkbox"/> Hazardous waste worker          | <input type="checkbox"/> Stationary engineer   |
| <input type="checkbox"/> Other _____                     |  |

**3. How long have you worked in this occupation? \_\_\_ \_\_\_ years and \_\_\_ \_\_\_ months**

**4. Are you mainly: (choose one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Employee (union)     | <input type="checkbox"/> Foreman / Supervisor     |
| <input type="checkbox"/> Employee (non-union) | <input type="checkbox"/> Manager / Superintendent |
| <input type="checkbox"/> Self-Employed        | <input type="checkbox"/> Owner                    |

**5. How many people work for your current or most recent employer / company?**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – 10 people  | <input type="checkbox"/> 51 – 100 people |
| <input type="checkbox"/> 11 – 50 people | <input type="checkbox"/> Over 100 people |

**6. Are you an apprentice now?  Yes  No**

Office use only

ID: \_\_\_\_\_



**Personal Protective Equipment Section** *Please answer each question for the piece of equipment you use most often. (If you would like to add other types or brands, use the "Additional Equipment" section, questions 25 and 26).*

**7. Hard Hat** (not welding helmet)  Never used -- *please skip to question 8*

- a. How often do you wear a hard hat?
  - Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
- b. Brand name or type of hard hat you wear most often: \_\_\_\_\_
- c. Are hard hats available to you in different sizes?  Yes  No
- d. How well does this hard hat fit?
  - Well  Poorly
  - Adequately  Almost unusable
- e. What are the problems with the fit, if any? *Check all that apply.*
  - Head straps (suspension) too large  Outer shell too heavy or too large
  - Other: \_\_\_\_\_
- f. Do you do anything to your hard hat to make it fit better?  Yes  No  
If yes, what do you do?  
\_\_\_\_\_  
\_\_\_\_\_
- g. Please describe any better-fitting hard hats you know of: \_\_\_\_\_  
\_\_\_\_\_

**8. Welding Helmet or Welding Hood**  Never used -- *please skip to question 9*

- a. Type used most often (*choose one*):  Welding helmet  Welding hood
- b. How often do you wear the item you checked?
  - Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
- c. Brand name or design you wear: \_\_\_\_\_
- d. Is this item available to you in different sizes?  Yes  No
- e. How well does this item fit?
  - Well  Poorly
  - Adequately  Almost unusable
- f. What are the problems with the fit, if any? *Check all that apply.*
  - Too large
  - Doesn't stay on my head when I bend over or look up
  - Doesn't fit over respirator, glasses or other equipment
  - Other: \_\_\_\_\_
- g. Do you do anything to it to make it fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_  
\_\_\_\_\_
- h. Please describe any better-fitting designs or manufacturers you know of: \_\_\_\_\_  
\_\_\_\_\_

**9. Eye Protection**

Never used -- please skip to **question 10**

a. Type used most often (*choose one*):  safety glasses  safety goggles  
Other \_\_\_\_\_

b. How often do you wear the eye protection you checked?

- Rarely (5 or less days a year)
- Sometimes (6-40 days a year)
- Very often (more than 40 days a year)

c. Is this type of eye protection available to you in different sizes?  Yes  No

d. How well does it fit?

- Well  Poorly
- Adequately  Almost unusable

e. What are the problems with the fit, if any?

- Too wide for my face
- Side temples are too long (glasses only)
- Too big over all
- Other \_\_\_\_\_

f. Do you do anything to your eye protection to make it fit better?  Yes  No

If Yes, what do you do? \_\_\_\_\_  
\_\_\_\_\_

g. Please describe any better-fitting eye protection designs or manufacturers you know of:

\_\_\_\_\_  
\_\_\_\_\_

**10. Hearing Protection (Ear protection)**

Never used -- please skip to **question 11**

a. Type used most often (*choose one*):  ear plugs  ear muffs  
Other \_\_\_\_\_

b. How often do you wear the hearing protection you checked?

- Rarely (5 or less days a year)
- Sometimes (6-40 days a year)
- Very often (more than 40 days a year)

c. Is this type of hearing protection available to you in different sizes?  Yes  No

d. How well does it fit?

- Well  Poorly
- Adequately  Almost unusable

e. What are the problems with the fit, if any?

\_\_\_\_\_  
\_\_\_\_\_

f. Do you do anything to your hearing protection to make it fit better?  Yes  No

If yes, what do you do? \_\_\_\_\_  
\_\_\_\_\_

g. Please describe any better-fitting hearing protection designs or manufacturers you know of:

\_\_\_\_\_

**11. Gloves (General Use)** Please choose the type you use most often from the three types listed below. Question 12 will ask about specific trades gloves. If you want to describe another type of glove, use questions 25 and 26.

- a. Type used most often (*choose one*):  Never used these 3 types -- please skip to **question 12**
- Work gloves, leather or mostly leather
  - Work gloves, fabric or mostly fabric
  - Chemical protective gloves (material, if known) \_\_\_\_\_
- b. How often do you wear the gloves you checked?
- Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
- c. Are these gloves available to you in different sizes?  Yes  No
- d. How well do they fit?
- Well  Poorly
  - Adequately  Almost unusable
- e. What is the problem with the fit, if any? *Check all that apply.*
- Glove fingers too long  Glove fingers too wide or bulky
  - Whole glove too long  Whole glove too wide or bulky
  - Other \_\_\_\_\_
- f. Do you do anything to make your gloves fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_
- g. Please describe any better-fitting glove designs or manufacturers you know of: \_\_\_\_\_

**12. Gloves (Specific Trades)**  Never used trade-specific gloves -- please skip to **question 13**

- a. Type of specific trades gloves used most often (*choose one*):
- Electrical insulated gloves  Welding gloves
  - Other, please describe \_\_\_\_\_
- b. How often do you wear the gloves you checked?
- Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
- c. Are these gloves available to you in different sizes?  Yes  No
- d. How well do they fit?
- Well  Poorly
  - Adequately  Almost unusable
- e. What is the problem with the fit, if any? *Check all that apply.*
- Glove fingers too long  Glove fingers too wide or bulky
  - Whole glove too long  Whole glove too wide or bulky
  - Other \_\_\_\_\_
- f. Do you do anything to make your gloves fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_
- g. Please describe any better-fitting glove designs or manufacturers you know of: \_\_\_\_\_

**13. Fall Protection Harness**  Never used -- please skip to **question 14**

a. Type used most often (*choose one*):  Horizontal chest strap  Straps cross in front  
 Other \_\_\_\_\_

b. How often do you wear the type of fall protection harness you checked?

- Rarely (5 or less days a year)
- Sometimes (6-40 days a year)
- Very often (more than 40 days a year)

c. Are fall protection harnesses available to you in different sizes?  Yes  No

d. How well does it fit?

- Well  Poorly
- Adequately  Almost unusable

e. What is the problem with the fit, if any? *Check all that apply.*

- Chest strap causes problems for breasts
- Harness emphasizes breasts
- Harness too large
- Harness too small in hips
- Straps too long / straps dangle
- Other \_\_\_\_\_

f. Do you do anything to your harness to make it fit better?  Yes  No

If Yes, what do you do? \_\_\_\_\_

g. Please describe any better-fitting fall protection harness designs or manufacturers you know of: \_\_\_\_\_

**14. Protective Work Clothing**  Never used -- please skip to **question 15**

*Please note, question 14 is not for chemical protective clothing.*

a. Type used most often (*choose one*):  Coveralls  Uniform  Welder's leathers  
 Tyvek  Other \_\_\_\_\_

b. How often do you wear the type of clothing you checked?

- Rarely (5 or less days a year)
- Sometimes (6-40 days a year)
- Very often (more than 40 days a year)

c. Is this clothing available to you in women's sizes?  Yes  No

d. How well does it fit?

- Well  Poorly
- Adequately  Almost unusable

e. What is the problem with the fit, if any? \_\_\_\_\_

f. Do you do anything to this clothing to make it fit better?  Yes  No

If Yes, what do you do? \_\_\_\_\_

g. Please describe any better-fitting designs or manufacturers for this item: \_\_\_\_\_

**15. Chemical Protective Clothing (e.g. hazmat)**  Never used -- please skip to **question 16**

a. Type used most often (*choose one*):  Level A Suit  Level B Suit  
 Tyvek suit  Other \_\_\_\_\_

b. How often do you wear the chemical protective clothing you checked?  
 Rarely (5 or less days a year)  
 Sometimes (6-40 days a year)  
 Very often (more than 40 days a year)

c. Is this clothing available to you in women's sizes?  Yes  No

d. How well does it fit?  
 Well  Poorly  
 Adequately  Almost unusable

e. What is the problem with the fit, if any?

\_\_\_\_\_  
\_\_\_\_\_

f. Do you do anything to your suit to make it fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_

\_\_\_\_\_

g. Please describe any better-fitting suit designs or manufacturers you know of: \_\_\_\_\_  
\_\_\_\_\_

**16. Foot Protection**  Never used -- please skip to **question 17**

a. Type used most often (*choose one*):  Hard toe shoes  Work boot/Rain boot  
 Chemical protective boot  Other \_\_\_\_\_

b. How often do you wear the foot protection you checked?  
 Rarely (5 or less days a year)  
 Sometimes (6-40 days a year)  
 Very often (more than 40 days a year)

c. Are these boots available to you in women's sizes?  Yes  No

d. How well do they fit?  
 Well  Poorly  
 Adequately  Almost unusable

e. What is the problem with the fit, if any? *Check all that apply.*

- Boot foot too long
- Boot foot too wide
- Boot top too high
- Boot foot too narrow
- Ankle or calf fit problems
- Other \_\_\_\_\_

\_\_\_\_\_

f. Do you do anything to your protective footwear to make it fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_

\_\_\_\_\_

g. Please describe any better-fitting footwear designs or manufacturers you know of: \_\_\_\_\_  
\_\_\_\_\_

**17. Respiratory Protection**  Never used -- please skip to **question 18**

a. What type of respirator do you use most often ? (choose one)

- Disposable
- Half-face plastic facepiece with filters/cartridges
- Full face plastic facepiece with filters/cartridges
- Powered Air Purifying Respirator (PAPR) (has a motor and filters/cartridges)
- Air line respirator (air is supplied by compressor, or by tank that is not worn and is attached to the respirator by an air line)
- Self Contained Breathing Apparatus (SCBA) (air is supplied by a tank or bottle that you wear)
- Other \_\_\_\_\_

b. How often do you wear the respirator you checked?

- Rarely (5 or less days a year)
- Sometimes (6-40 days a year)
- Very often (more than 40 days a year)

c. Have you been fit-tested for this respirator in the past 12 months?

- Yes  No

d. Is this respirator available to you in different sizes?

- Yes  No

e. How well does it fit?

- Well
- Adequately
- Poorly
- Almost unusable

f. What is the problem with the fit, if any? *Check all that apply.*

- Mask is too large for my face
- Mask is too small for my face
- I feel air leaking around the surfaces of the respirator
- I have to pull the straps too tight to get a good fit
- Mask falls off or moves when I bend over or look up
- Other: \_\_\_\_\_

g. Do you do anything to your respirator to make it fit better?  Yes  No

If Yes, what do you do? \_\_\_\_\_

h. Please describe any better-fitting respirator designs or manufacturers you know of:

\_\_\_\_\_  
\_\_\_\_\_

**18. Is there anything else you would like to tell us about your safety concerns and personal protective equipment?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3: Personal Information Section

Please tell us about yourself. We would like to compare the women who completed this survey to other women in the trades in the U.S., to look at similarities and differences. We use questions similar to those used by other agencies.

#### 19. How old are you?

- 16-20 years       21-30 years       31-40 years  
 41-50 years       51+ years

#### 20. What city do you work in?

- Not currently employed – please skip to **question 21**

\_\_\_\_\_ city      \_\_\_\_\_ zip code

#### 21. What city do you live in?

\_\_\_\_\_ city      \_\_\_\_\_ zip code

#### 22. Do you consider yourself to be: (check all that apply)

- Hispanic or Latina  
 White  
 Black or African American  
 American Indian or Alaskan Native  
 Asian  
 Native Hawaiian or other Pacific Islander  
 Other: \_\_\_\_\_

#### 23. How tall are you? \_\_\_ feet \_\_\_ inches

#### 24. How did you learn about this survey?

- Tradeswomen organization  
 Union  
 Co-worker or Friend  
 Other: \_\_\_\_\_  
 WFS (Women in the Fire Service)  
 Employer  
 Internet

**Section 4: Additional Equipment -- Optional Questions**

**25. Type of Equipment:** \_\_\_\_\_

- a. How often do you use this equipment?
  - Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
  
- b. How well does it fit?
  - Well  Poorly
  - Adequately  Almost unusable
  
- c. Is this equipment available to you in different sizes?  Yes  No
  
- d. What is the problem with the fit, if any? \_\_\_\_\_  
\_\_\_\_\_
  
- e. Do you do anything to this equipment to make it fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_  
\_\_\_\_\_
  
- f. Please describe any better-fitting designs or brand names you know of: \_\_\_\_\_  
\_\_\_\_\_

**26. Type of Equipment:** \_\_\_\_\_

- a. How often do you use this equipment?
  - Rarely (5 or less days a year)
  - Sometimes (6-40 days a year)
  - Very often (more than 40 days a year)
  
- b. How does it fit?
  - Well  Poorly
  - Adequately  Almost unusable
  
- c. Is this equipment available to you in different sizes?  Yes  No
  
- d. What is the problem with the fit, if any? \_\_\_\_\_  
\_\_\_\_\_
  
- e. Do you do anything to this equipment to make it fit better?  Yes  No  
If Yes, what do you do? \_\_\_\_\_  
\_\_\_\_\_
  
- f. Please describe any better-fitting designs or brand names you know of: \_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this survey! Please mail the completed survey by July 30, 2004 to:**

Occupational Health Branch  
California Dept. of Health Services  
1515 Clay Street, Suite 1901  
Oakland, CA 94612  
Att: Susan Payne





If you would like us to contact you when the survey results are available, please provide your e-mail or mailing address below.

Survey results will also be posted at: [www.dhs.ca.gov/OHB](http://www.dhs.ca.gov/OHB)

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***THIS PAGE WILL BE SEPARATED FROM THE REST OF YOUR SURVEY  
TO HELP ENSURE CONFIDENTIALITY.***

Please send me the results of the Women and Personal Protective Equipment Survey.

***Your Email Address:*** \_\_\_\_\_

***OR:***

***Your Name:*** \_\_\_\_\_

***Mailing Address with zipcode:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_