ARMY READINESS ASSESSMENT PROGRAM (arap)

QUESTIONARIO SICUREZZA

Common core

1. La mia organizzazione forma adeguatamente il personale per svolgere la propria mansione in sicurezza.

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|  | Strongly Disagree |  | Disagree |  | Neutral |  | Agree |  | Strongly Agree |  | N/A |  | Don’t Know |
| Fortemente in disaccordo | | In disaccordo | | Neutrale | | D’accordo | | Fortemente D’accordo | | Non Applicabile | | Non So | |

Additional Comment(s) / Commenti

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1. Le politiche della sicurezza sono chiaramente definite nella mia organizzazione.

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Additional Comment(s) / Commenti

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1. I membri della mia organizzazione incorporano la gestione del rischio nelle attivitá quotidiane

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Additional Comment(s) / Commenti

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1. La mia organizzazione ha una reputazione per le prestazioni di altá qualitá

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Additional Comment(s) / Commenti

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1. Le violazioni delle SOP e delle regole di sicurezza sono rare nella mia organizzazione

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Additional Comment(s) / Commenti

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1. Gli individui della mia organizazzione si sentono a proprio agio nel segnalare violazioni della sicurezza, comportamenti non sicuri o condizioni pericolose.

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Additional Comment(s) / Commenti

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1. La mia organizzazione richiede di eseguire ispezioni PMCS prima, durante e dopo tutte le operazioni.

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Additional Comment(s) / Commenti

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1. Le condizioni ambientali come temperatura, ventilazione, rumore e illuminazione sono mantenute a un livello ragionevole

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Additional Comment(s) / Commenti

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1. I membri della mia organizzazione evitano di prendere scorciatoie per portare a termine il loro lavoro/missione.

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Additional Comment(s) / Commenti

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1. Il morale e la motivazione nella mia organizzazione sono alti

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Additional Comment(s) / Commenti

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1. Mi vengono fornite risorse adeguate (ad es. tempo, personale, budget, strumenti e attrezzature ) per svolgere il mio lavoro.

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Additional Comment(s) / Commenti

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1. La mia organizzazione non é troppo impegnata.

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Additional Comment(s) / Commenti

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1. La fatica raramente degrada le prestazioni nella mia organizzazione.

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Additional Comment(s) / Commenti

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1. La mia organizzazione dispone di personale esperto sufficiente per svolgere le attivitá correnti.

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Additional Comment(s) / Commenti

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1. I leader/supervisori incoraggiano la segnalazione di discrepanze in material di sicurezza.

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Additional Comment(s) / Commenti

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1. I leader/supervisori della mia organizzazione vietano di eseguire un lavoro rapidamente a scapito della qualitá e sicurezza dello stesso.

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| Fortemente in disaccordo | | In disaccordo | | Neutrale | | D’accordo | | Fortemente D’accordo | | Non Applicabile | | Non So | |

Additional Comment(s) / Commenti

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1. I leader/supervisori della mia organizzazione si preoccupano della mia qualitá di vita.

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Additional Comment(s) / Commenti

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1. La mia organizzazione fa buon uso di presonale qualificator ( ad es. Legale, religioso, servizi familiari, ecc.) per aiutare a gestire il personale ad alto rischio.

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Additional Comment(s) / Commenti

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1. Il personale all’interno dell’organizzazione é autorizzato e addestrato per utilizzare le apparecchiature.

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Additional Comment(s) / Commenti

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1. La mia organizzazione ha un consiglio per la sicurezza e conduce riunioni sulla sicurezza.

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Additional Comment(s) / Commenti

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1. Nella mia organizzazione vengono applicate le politiche relative ai periodi di inattivitá e di riposo

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Additional Comment(s) / Commenti

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1. I leader della mia organizzazione impongono l’uso dei dispositivi di protezione individuale (DPI)

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Additional Comment(s) / Commenti

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1. La mia organizzazione ha un programma di formazione e prevenzione sugli indidenti con automezzi privati e motocicli.

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| Fortemente in disaccordo | | In disaccordo | | Neutrale | | D’accordo | | Fortemente D’accordo | | Non Applicabile | | Non So | |

Additional Comment(s) / Commenti

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1. La mia organizzazione comunica in modo efficace gli aggiornamenti e modifiche alle informazioni sulla sicurezza.

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Additional Comment(s) / Commenti

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1. La nostra leadership garantisce che il personale nella mia area di lavoro sia a conoscenza di tutte le politiche e procedure di sicurezza.

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Additional Comment(s) / Commenti

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1. Il prossimo contrattempo/mancato incidente nella mia organizzazione sará:

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1. L’attivitá più pericolosa che svolgo é:

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1. Le azioni più significative che la mia organizzazione puó intraprendere per migliorare la sicurezza sono:

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1. Cosa sta facendo “giusto” la tua organizzazione e perché

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1. Usa questo spazio per fornire qualsiasi feedback che desideri portare all’attenzione del tuo comando

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Civilian (ranking)

1. I leader/supervisori della mia organizzazione danno il buon esempio di conformitá a policy, regole e istruzioni.

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Additional Comment(s) / Commenti

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1. Sono a conoscenza del processo di segnalazione degli incidenti della mia organizzazione

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Additional Comment(s) / Commenti

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1. I pericoli identificati vengono corretti e/o mitigate in un ragionevole lasso di tempo

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Additional Comment(s) / Commenti

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1. La mia organizzazione esamina e aggiorna adeguatamente le pubblicazioni, gli standard di sicurezza e le procedure operative

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Additional Comment(s) / Commenti

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1. Sono adeguatamente formato per svolgere in sicurezza tutti i miei compiti/funzioni lavorative

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Additional Comment(s) / Commenti

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1. La mia organizzazione gestisce in modo efficace I rischi associati ai requisiti del lavoro

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