

Appendix 1: Health and Safety Concerns Preliminary Surveys and Results

Please list your **top 3 health and safety concerns** as a bus operator.
Explain.

1.

2.

3.

Print name and contact information here if you are willing to discuss these issues further:

	A	B	C	D
1	Hazard/Health Issue	Details	Concern Score	Yard(s)
2	Biohazards/Cleanliness of vehicles	Dirty seat cushion, not cleaned or sanitized, filters dirty, dirty dash board	26	North Yard, Cerone
3	Split Shift	Too tired to come for second part of shift, no time to spend with family	21	Guadalupe, Cerone
4	Driver's Seat	Old seats, hurt lower back, should be maintained every month or 3 months, improve cushion, need lumbar/side bolsters	19	Cerone
5	Respiratory Issues	Fumes exhaust, Particulates/Dust through vents, poor ventilation	17	Chaboya, North Yard, Cerone
6	Short breaks		9	Cerone
7	No AC in buses		6	Cerone
8	Brakes (strain on knee)		5	Cerone, Chaboya
9	Violence	Lack of transit center security visibility	4	North Yard, Guadalupe, Cerone
10	Emergency Release Button (Response time and lack of empathy)		4	Cerone, North Yard
11	Parking Brakes	Hard to engage	3	Chaboya
12	Hard for nursing moms	Need pumping privacy	1	Cerone
13	Lack of immediate resolution to driver's shades in 4300		1	North Yard
14				

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Bus/Rail Operators
Maintenance

Appendix 2: Bus Operator Surveys

Occupational Health Internship Program 2018 Split Shift Survey for Bus Operators at VTA ATU Local 265

Thank you for participating in our voluntary survey. The purpose of this survey is to gather more information on bus operator health and safety. All of your answers are confidential. No identifying information will be released. The results will be presented to ATU Local 265 for contract negotiations. Feel free to write in the margins to add more feedback, and please answer the questions to the best of your ability. If you do not wish to answer any particular question, you may skip it. Thank you for your assistance!

SHIFT SCHEDULE

Have you worked straight shifts in the past week?	Yes	No
Have you worked split shifts in the past week?	Yes	No
Have you ever worked split shifts in the past?	Yes	No
How many days a week do/did you work a split?		
On average, how long are your splits? (hours)		
Are you satisfied with working split shifts?	Yes	No
Which shift do you prefer?	Straight	Split
If you had to have a split shift, how long would you prefer splits to be?	0-1 hrs 1-2 hrs 2-3 hrs 3-4 hrs 4-5 hrs 5+ hrs	
Are you satisfied with your rest/break facilities?	Yes	No

Generally, what do you do during the split? _____

List an advantage of a split shift: _____

List a disadvantage of a split shift: _____

How can we improve working conditions for employees with split shifts?

How much do you agree with following statements? (1 = completely agree; 6 = completely disagree)

I have sleeping problems due to shift work/irregular work hours.	1	2	3	4	5	6
I have enough time to check the bus before I start the days driving.	1	2	3	4	5	6
My working hours fit well with life outside work (child care, family, personal activities, etc).	1	2	3	4	5	6



Have you ever experienced physical fatigue as a result of working a split shift?	Yes	No
Have you ever experienced mental fatigue/stress as a result of working a split shift?	Yes	No
Have you ever felt like you were not able to focus on the task at hand as a result of working a split shift?	Yes	No
If you have experienced fatigue/stress, has it affected your ability to operate the bus?	Yes	No
If yes, how?		

Which route do you most frequently work? _____

Length of time with VTA (e.g. 2 yrs, 3 months): _____ Time as Bus Operator: _____

Which shift do you usually work? Midnights AMs Mid-days PMs

What time did you start work today? _____ What time do you finish today? _____

How long (one way duration, on average) is your commute to work? _____

How many hours of sleep (on average) do you get? _____

Where do you sleep (choose more than one if applicable): Home Car Bus Yard

Other (specify) _____

Please write here if you have any further comments to share regarding split shifts:

Please add any other health and safety concerns that you have:

If you would be willing to provide more information about your experience with split shifts, please leave your name and contact information:

DEMOGRAPHIC INFORMATION: If you do not wish to answer any particular question, you may skip it.

Gender: _____ Yard: _____ Race: _____

Years of Education (e.g. High school = 12 years): _____

Age (years): _____

Appendix 3: Bus Operator Interviews

Bus Operator Interviews**Topic: Split Shifts****July 17, 2018**

Participation in this interview is completely voluntary. If you decide not to participate, there will not be any negative consequences. If you decide to participate, you may stop participating at any time and you may decide not to answer any specific question. Thank you in advance for your participation!

Split Shift Questions

1. Do you work split shifts? Please explain your weekly schedule.
2. How do you feel about working split shifts? What is your experience working split shifts? Please describe.
3. Has working splits caused any mental or physical stress? Please explain.
4. What do you do to relax from work-related stress?
5. Do you think that working split shifts affects drivers' ability to do their job safely? Please explain.
6. Are you satisfied with VTA facilities? What do you use? (ex. Break room, Relief points, etc.)
7. Would you want to add anything to these facilities? What services or resources would you want VTA to provide?
8. What are your suggestions for improving drivers' schedules?
9. What changes in health and safety do you hope to get out of the new negotiations and union contract this September?
10. Is there anything else you want to share with us?

General Health and Safety Questions

In the past 4 weeks, have you felt that that you had to work in an unsafe environment?

- * Never
- * 1-2 times
- * 3-5 times
- * 6 or more times

In the past 6 months, have you felt as if you were penalized unfairly for speaking out against an unsafe environment?

- * Never
 - * 1-2 times
 - * 3-5 times
 - * 6 or more times
-

In the past 4 weeks, please circle the best response: (Never, Rarely, Sometimes, Frequently, Always, N/A):						
I had to create my own solutions to stay safe.	N	R	S	F	A	N/A
This job negatively impacted my social/ home life.	N	R	S	F	A	N/A
This job put a lot of stress on my marriage or relationships.	N	R	S	F	A	N/A
If I did not work overtime I could not support myself or my family.	N	R	S	F	A	N/A
I could relax or relieve my work-related stress.	N	R	S	F	A	N/A
I was pressured to work when I felt ill or tired.	N	R	S	F	A	N/A
I was able to get enough rest or sleep.	N	R	S	F	A	N/A

Do you bring up safety issues or incidents / near misses to your supervisor? If no, what are the factors that keep you from reporting? If yes, how does your supervisor or management respond to your concerns?

On a scale of 1-10 how would you rate your overall perception of health and safety on the job in your experience (1 being extremely unsafe and unhealthy and 10 being extremely safe and healthy)?	
On a scale of 1-10 how would you rate your overall level of satisfaction with your job (1 being extremely dissatisfied and 10 being extremely satisfied)?	

Which route do you most frequently work? _____

Length of time with VTA (e.g. 2 yrs, 3 months): _____ As Bus Operator: _____

Which shift do you usually work? Midnights AMs Mid-days PMs

What time did you start work today? _____ What time do you finish today? _____

How long (on average) is your commute to work? _____

How many hours of sleep (on average) do you get? _____

Where do you sleep (choose more than one if applicable): Home Car Bus Yard

Other (specify) _____

DEMOGRAPHIC INFORMATION: If you do not wish to answer any particular question, you may skip it.

Gender: _____ Yard: _____ Race: _____

Years of Education (e.g. High school = 12 years): _____

Age (years): _____
