

**JAG Professional Services, Inc.**  
**SAFETY TEST (Non-Industrial)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Our workers' compensation insurance requires that all employees pass this Safety Test. Please answer the following questions and return it to JAG Professional Services, Inc. with your hiring forms. Thank you.**

**TRUE OR FALSE**

- T**    **F**    Safety is typically not relevant to clerical work sites.
- T**    **F**    Parking lots contain no hazards that pose a threat to employees.
- T**    **F**    People who work out regularly do not suffer from back injuries.
- T**    **F**    You are encouraged to address safety issues with your supervisor or employer without fear of retaliation.
- T**    **F**    You will be drug tested if you have an on-the-job injury.

**MULTIPLE CHOICE**

\_\_\_\_\_ **What is the number one cause of disabling office injuries?**

- a. Paper cuts
- b. Tripping/slipping and falling
- c. Using office equipment

\_\_\_\_\_ **You should report an accident and/or on the job injury:**

- a. On Monday
- b. As soon as it happens
- c. At the end of your shift

\_\_\_\_\_ **Which is a safety hazard in relation to filing cabinets?**

- a. Stacking objects on top of a filing cabinet
- b. Leaving file drawers open or opening more than one drawer at a time
- c. Placing heavy files in the top drawer
- d. All of the above

\_\_\_\_\_ **A properly placed computer screen needs to be:**

- a. At eye level
- b. Below eye level
- c. Above eye level

\_\_\_\_\_ **Ergonomics is the study of how \_\_\_\_\_ interact with \_\_\_\_\_.**

- a. Employees, supervisors
- b. People, machines
- c. Employers, co-workers

\_\_\_\_\_ **Your employer is:**

- a. The government
- b. The company where you are working
- c. JAG Professional Service, Inc.