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THE PROJECT OF
ENHANCING THE QUALITY
OF IMPLEMENTATIONS IN
GAP REGION
(OHS-UKAP)

STATUS ANALYSIS

INTERIM REPORT



INTRODUCTION

With the industrial revolution that took place in the 19th century, there have been many positive developments in the scientific and technological field, and it has been forced to pay a heavy price due to heavy and negative working conditions. The production-oriented understanding that dominated in this period influenced societies both humanly and economically along with the rapid increase in occupational accidents and occupational diseases and left the place in human developed focus especially in the developed countries.

A healthy work environment and environment is a precondition for the rapid and healthy development of work peace. Work accidents and occupational diseases, which are the most basic indicators of occupational health and safety, not only threaten human life and health by their consequences, but they also directly affect productivity and profitability by creating an important cost element for businesses. On the other hand, with the globalization, ruthless competition conditions in the world and rapid developments in automation technology necessitate re-examination of working relations and working conditions.

The concept of occupational health and safety has changed considerably in recent years in relation to the above-mentioned reasons and it has been adopted as an understanding of the collective effort and culture formation that all stakeholders in society today are making. In particular, when policy or strategy documents on occupational health and safety at national or international level are examined by the year 2000, it seems that the issue is approached with an understanding beyond compulsive and legal measures. For this reason, it is frequently emphasized in the documents that "social culture", "education", as well as "social dialogue" and the spread of the use of such tools are frequently emphasized.

Although there are many ways to prevent occupational accidents and occupational diseases, there is a need for increased political awareness and a greater awareness of the importance of occupational health and safety to ensure and sustain continuous improvement in occupational health and safety systems, despite the presence of effective legal and technical tools. Is accepted by all countries. In addition, it is necessary to give higher priority to the issue with an approach that includes all social partners rather than partial efforts to solve the problems in this issue. Stakeholders in collaboration and communication play a key role in ensuring the efficiency and effectiveness of establishing the infrastructure of national occupational health and safety. As a result of the work to be carried out within the coalition, working environments will be improved, healthy workers will have a higher motivation for work, and increased job satisfaction will result in better quality products and services.

This change of understanding necessitates our country's accumulation based on long years in the field of labour law, the problems encountered in implementation, the utilization of all employees from preventive and preventive services, the establishment of a continuous improvement philosophy similar to the applied quality management system,

Agreements we endorse as; It has become an important driving force behind the misunderstanding of the Occupational Health and Safety Act and related sub-regulations, which incorporate preventive and preventive measures covering all of the employees and are

consistent with the legislation texts in developed country examples.

Consequently, in order to raise our standards of occupational health and safety, all employees including the public, except for limited exceptions, are included in the scope of occupational health and safety, the International Labour Organization (ILO) which includes preventive and protective measures and this regulation in conformity with European Union norms, our country is an important process in terms of working life.

The risk assessment, such as the creation of preventive policies, the adoption of collective protection measures, the provision of specialist (occupational safety specialist-occupational physician) contribution, supervision of work environment, health surveillance, continuous improvement of OHS conditions, employee participation, training and information, Many contemporary arrangements are included in the OHS Code.

For this reason, the "Project to Increase the Quality of Occupational Health and Safety Applications in the GAP Region", which can be summarized as reducing the number of occupational accidents and occupational diseases and increasing the quality of OHS applications in Gaziantep, Kilis and Adiyaman, the final target of which was selected by the GAP Administration as the pilot region, Not in terms of final goals; Improvement of OHS consciousness of employers and employees by employing effective training methods and materials, financial analysis of investments to be made in the field of OHS, improvement of OHS services and improvement of service quality, provision of necessary training and support to OHS professionals, Increasing the participation of the stakeholders and improving the cooperation between the stakeholders will contribute greatly to the passing of the above mentioned important headings of the OHS Code.

I. STATUS ANALYSIS

1- Analysis of the Regulation

1.1) EU acquis harmonization process

In the Helsinki Summit on December 10-11, 1999, Turkey's acceptance as a full member candidate, the signing of the EU Accession Partnership on 8 March 2001, and the announcement of the National Program on March 19, 2001, as well as the "Occupational Health and Safety" The EU acquis harmonization studies have been initiated. "Occupational Health and Safety" under the heading "Social Policy and Employment" of the Turkish National Program is the authority and responsibility of the Ministry of Labour and Social Security.

This process, which is a turning point in terms of OHSAS legislation, has been completed to a great extent with the enactment of the Law No. 6331 on Occupational Health and Safety on 30/6/2012. The regulations published under the EU acquis harmonization studies between 2003 and 2004 have been revised following the publication of the mentioned Law and this list is given in Table 1 (1).

	Legislation Name	Relevant European Parliament and Council Directive	Official Gazette Publication Date and Number
1	Law No. 6331 on Occupational Health and	89/391/EEC	30/6/2012-28339
2	Health and Safety Signs Regulation	92/58/EEC	11/9/2013-28762
3	Regulation on Health and Safety Precautions in Working with Displayed Vehicles	90/270/EEC	16/4/2013-28620
4	Implementing Regulation on Protection of Employees from the Risks Related to Noise	2003/10/EC	28/7/2013-28721
5	Implementing Regulation on Protection of Employees from Vibration Risk	2002/44/EC	22/8/2013-28743
6	Regulation on Occupational Health and Safety in Construction Works	92/57/EEC	5/10/2013-28786
7	Implementing Regulation on Health and Safety Precautions in Working with Chemical Substances	1998/24/EC 1991/322/EEC 2000/39/EC 2006/15/EC 2009/161/EU	12/8/2013-28733
8	Implementing Regulation on the Protection of Employees from the Dangers of Explosive Atmospheres	1999/92/EC	30/4/2013-28633
9	Regulation on Health and Safety Precautions in Carcinogenic or Mutagenic Activities	2004/37/EC	6/8/2013-28730
10	Implementing Regulation on Health and Safety Precautions in Working with Asbestos	83/477/EEC 91/382/EEC 2003/18/EC 2009/148/EC	25/1/2013-28539
11	Implementing Regulation on the Health and Safety Measures to be Taken in Workplace Buildings and Attachments	89/654/EEC	17/7/2013-28710

12	Health and Safety Conditions Regulation for the Use of Work Equipment	2009/104/EC	25/4/2013-28628
13	Hand Carrying Works Regulation	90/269/EEC	24/7/2013-28717
14	Regulation on the Use of Personal Protective Equipment in Workplaces	89/656/EEC 89/686/EEC	2/7/2013-28695
15	Regulation on Occupational Health and Safety in Mine Workplaces	92/104/EEC 92/91/EEC	19/9/2013-28770
16	Regulation on Occupational Health and Safety in Temporary or Certain Periodicals	91/383/EEC	23/8/2013-28744
17	Implementing Regulation on the Prevention of Exposure to Biological Factors	2000/54/EC	15/6/2013-28678
18	Implementing Regulation on Health and Safety Precautions in Fishermen Ship's Activities	93/103/EC	20/8/2013-28741
19	Regulation on Working Conditions of Pregnant or Breastfeeding Women and Breastfeed Rooms and Child Care Dormitories	92/85/EEC	16/8/2013-28737
20	Implementing Regulation on the Prevention and Reduction of Major Industrial Accidents	96/82/EC	30/12/2013-28867

Table 1) List of legislation harmonized with EU occupational health and safety legislation

Note: Regulatory work on minimum health and safety requirements for the protection of employees from exposure to physical agents (artificial optical radiation - 2006/25 / EC and electromagnetic fields - 2004/40 / EC) is ongoing.

As a result of the Schuman Declaration, the European Coal and Steel Community (ECSC), which was established in 1951 with six members of Belgium, the Federal Republic of Germany, Luxembourg, France, Italy and the Netherlands, established an economic community based on the free movement of labour and goods and services in 1957 They decided to build it. Thus, the Treaty of Rome was signed in 1957 and the European Economic Community (EEC) was established in order to establish economic unity in coal and steel as well as in other sectors.

During the first enlargement, the membership of the United Kingdom, Denmark and Ireland has reached 12 with the participation of Greece, Spain and Portugal in the 80s.

In 2004, the largest enlargement wave occurred in the European Union and 10 new countries (Czech Republic, Estonia, GREECE, Latvia, Lithuania, Hungary, Malta, Poland, Slovakia and Slovenia) joined the European Union. In 2007, with the participation of Bulgaria and Romania, the number of EU members reached 27, and finally, with the participation of Croatia in 2013, the number of EU Member States reached 28.

In order for our country, which is a full member candidate, to become a member of the EU, it is necessary to fulfil the conditions of compliance with the political, economic and Community acquis in the three basic criteria (Copenhagen Criteria) in achieving full membership (2). The harmonization of occupational health and safety legislation under Chapter 19 on "Social Policy and Employment" in relation to the conditions of harmonization with the acquis communautaire means that the legislation of our country is in line with the legislation of 28 European countries which are members of the EU.

The work (workshop, questionnaire etc.) will provide important clues about the effective implementation of the OHS Code and sub-regulations in the region as part of the "Project to Enhance the Quality of Occupational Health and Safety Practices in the GAP Region".

In general, it is known that despite the fact that we do not have a human-focused, contemporary legislative sub-structure based on preventive approach with the OHS Law No. 6331 and the regulations published in this scope, we have problems in practice. Businesses must take a number of measures in order to prevent work accidents and occupational diseases, in accordance with the legal obligations of the legislation. In fact, the expenditures made for these measures will contribute positively to the business interests in the middle and long term, and the value will be converted into profit as profit if necessary. However, even if they accept their necessity and benefits, SMEs, especially in the dangerous and dangerous class, are having difficulty in meeting the financial burden.

Considering the results of the needs analysis to be carried out within the scope of the project, it is expected that the support of such enterprises for the acquisition of technical measures (ventilation, fire prevention systems, high safety machinery / equipment, etc.) which require high financial investment and spreading such situations as fire and explosion may lead to bigger results. The implementation of a number of incentive programs for preventive measures in organized industrial zones will provide great benefits in achieving the final objectives of the project and in the effective implementation of legislation.

1.2) ILO Conventions:

The ILO was founded in 1919 with the Versailles Peace Treaty in order to achieve a lasting peace in the world through the provision of social justice, and in 1946 it became the United Nations expertise. The total number of members is 220. Turkey became a member in 1932. Among the United Nations agencies, only the ILO; Is equally important in terms of having a triple structure with workers and employers' organizations of equal participation (equal right to say) and the governing bodies of the government.

Having the aim of improving and promoting standards in the working laws in the country and in practices related to this field, the ILO expresses international labour standards through contracts and recommendations.

53 of the 59 Conventions ratified by our country are in force (3).

Approved contracts include contracts relating to occupational health and safety, which directly or indirectly regulate working life.

Row No	Approved ILO Conventions	Official Gazette
1	Maximum Weight Convention No 127	14.11.1974 / 15062

2	Prevention of Work Accidents of No 134 (Shipmen)	15.7.2003 / 4935
3	Related Contract	16.7.2003 / 4946
4	Agreement Concerning Health and Safety in Port No 152 Works	13.01.2004 / 25345
5	Business Health and Safety No 155	13.01.2004 / 25345
6	Related Contract	6.2.2015 / 29259
7	Contract No. 161 on Occupational Health Services	12.12.2014 / 29203
8	Safety and Health Contract No. 167 in Construction Works	27.6.2001 / 24445
9	Safety and Health Contract in Mines	29.5.2015 / 28661

Table 2) Approved ILO Conventions Directly Related to OHS

From the mentioned contracts; Convention No. 155 on Occupational Health and Safety and Working Environment and No. 161 on Occupational Health Services have a separate prescription in order to be among the most important reasons for the preparation of the Occupational Health and Safety Law.

In addition, the working principles and principles of the National Occupational Health and Safety Council established in 2005 for the purpose of determining the policies and strategies related to occupational health and safety within the scope of the #155 Convention have been restructured with the OHS Law No. 6331 and the tasks, principles and procedures of the Council are determined. The National Occupational Health and Safety Council Regulation, which was prepared with the aim, was published in the Official Gazette dated February 5, 2013 and numbered 28550 and entered into force.

1.3) World Health Organization (WHO) Studies

WHO is one of the important organizations in the field of occupational health and safety. The ILO / WHO OHS Joint Committee, established in 1950, is constantly meeting up to today's day to discuss OHS practices on the agenda and to inform Member States about the decisions taken.

In Article 4 of the "WHO Alma Ata Declaration" published in 1978, "Basic health care; Health care services based on applied, scientifically sound and socially acceptable methods. These services include healthcare as close as possible to where people live and work

Is the level at which the individual, family and community first make contact with the national health system that brings them to life ".

WHO approved the "Global Business Health for All Strategy" at the 49th World Health Assembly in 1996. The Strategy was issued with the goal of "providing every employee in the

world with job health services".

WHO Global Strategy for Business Health; Strengthening of occupational health services, expansion of coverage, development of content and activities as an important objective.

The training of occupational health professionals, the organization of support services and providing research standards and standards for occupational health services are the most important tools for achieving this goal.

In developed and developing countries, it is aimed to provide OHS services to employees, especially those working in agriculture, informal sector and small businesses and those who cannot reach occupational health services such as self-employed.

WHO's Health Strategy for All and the Alma Ata Declaration policy have shifted the priority to the organization of primary health care for large masses all over the world, while prior health policies focus primarily on the development of hospital infrastructures. This policy change aims to provide accessibility of basic health services in general, and basic health services in particular, those who do not receive these services, those who live in villages and remote areas, and those who do not have good economic conditions.

"ILO Convention 161 on Occupational Health Services" and "WHO Global Strategy for Work Health for All"; OHS demands that its services be organized for all employees in the world. Far from this goal and without joint efforts, it is unlikely that the scope of such services will expand.

WHO, which concentrates more on OHS studies with the Strategy, plans to reach concrete results in a certain period with the WHO Global Health Action Plan for Employees prepared in 2006 (4).

The WHO Global Health Action Plan (2008-2017) aims to:

- Designing and implementing policy tools for employees' health,
- To protect and improve health in the workplace,
- To provide occupational health services to every employee in the world
- To improve the performance and accessibility of occupational health services,
- Integrate basic occupational health services into primary health care services
- Ensure that occupational health services are included in other systems

Following the WHO documents, the following amendments have been made in our country in cooperation with the Ministry of Labour and Social Security and the Ministry of Health:

- Regulation on Occupational Health and Safety Services (OG dated 29.12.2012 and no. 28512, 2003, revision no. 29209 dated 18.12.2014)
- Regulation of Community Health and Affiliated Units (OG dated 05.02.2015 and No 29258)

1.4) Policy / Strategy Documents

The common point in industrialized countries that attach importance to OHS is; Ensuring healthy and safe working conditions, increasing the quality of work, increasing the quality of work, and preventing work accidents and occupational diseases are not only legal regulations. As a matter of fact, in the EU and ILO recently published OSG strategy documents, The adoption of a healing and developmental approach instead of the regular approach rather than a perceived necessity of the legislation suggests that continuous improvement and development of the OHS can be achieved if it is seen as a means to support our health and safety.

Monitoring of these developments and changes in the field of OHS; Provides an assessment of our country's accelerated work, particularly with the EU harmonization process, and directs policy and strategies to this area.

European union

Occupational health and safety constitute one of the EU's most intensified and important social policy issues. In particular, the misinterpretation of the Framework Directive 89/391 is supported by national strategies and policies. Integrating OHS issues into overall business management in national strategies and long-term programs is seen as one of the most important preventive measures that can be implemented at the enterprise level.

In 2002, the European Commission created the Community Strategy for the years 2002-2006, with an opinion based on welfare in the workplace.

The community's 2002-2006 health and safety policy is based on preventive approaches based on the anticipation and control of risks and the development of risk prevention culture, bringing together all actors, including employees. Under this policy; Education and protection culture is the most fundamental element in ensuring and sustaining quality and productivity in working life and it is emphasized that education and sensitivity should be increased in OHS starting from early ages. In this context, it was aimed that young people in the EU should receive OHS training at least 8 hours in all education institutions before 2010.

Report on strategy assessment; It is stated that the applied strategy has led to the reopening of the prevention policies at the national level, the creation of clear and persuasive arguments

for common goals, and the working people in the prevention field to think strategically in order to achieve these objectives. In addition, it has been stated that public awareness of occupational health and safety has been increased as an important component of quality management and a determinant of competitiveness with economic performance.

Within the framework of the innovative approach of the Community Strategy 2002-2006, Member States have made significant progress by implementing their national programs and strategies with more detailed provisions. However, despite the progress made,

- Some sectors are exposed to more risks (SMEs), some sectors (such as construction, agriculture, forestry and fisheries) are not able to reduce their occupational risks on a regular basis and some of the working people (young, old and migrant workers, Fishery, transportation, health) are still considered as the most risky sectors,
- The fact that the number of working women is increasing day by day, that work health and safety should be paid more attention especially to the issues affecting women,
- Some specific occupational diseases are widespread (such as musculoskeletal disorders, psychological disorders)
- Occupational risks; (The working life is getting more and more fragmented) and the change of working methods (working life is getting more and more fragmented), and the need for expertise in order for effective prevention mechanisms to better understand the establishment and the problem Increasing the need for research,
- Finally, the implementation of Community Legislation varies considerably from country to country,

were found.

As a result of the above-mentioned evaluations, it has become necessary to continue and increase the efforts on occupational health and safety. On February 21, 2007, the EU Commission announced its 2007-2012 occupational health and safety strategy, which includes such assessments.

The main objective is the 2007-2012 Community Strategy, which aims to reduce occupational diseases and occupational accidents in a stable and sustainable manner; Aims to reduce the total accident frequency rate by 25% per 100,000 workers in 27 EU countries

To achieve this goal;

- The full implementation of EU legislation is guaranteed,
- Support for SMEs on implementation of legislation,
- Especially for SMEs, adapting and simplifying the legal framework to the changes in the workplace,

- Dissemination of the development and implementation of national strategies,
- Encouraging employers to apply health-centred approaches, encouraging employees to change behaviour,
- Given the final state of identification and assessment of new potential risks,
- The development of mechanisms for monitoring progress,
- Promotion of business health and safety at international level, were suggested (5).

Finally, the EU-Occupational Health and Safety Strategic Framework document covering the period 2014-2020 was published. This document summarizes three main challenges and seven strategic objectives in the area of OHS (6):

Key challenges;

- Improve the implementation of existing OHS rules; Particularly to increase the capacities of micro and small businesses for the implementation of effective and efficient risk prevention strategies.
- To improve the prevention of work-related diseases caused by new and emerging risks without neglecting existing risks,
- Considering the aging of the EU labour force.

Strategic objectives;

- Further support for national health and safety strategies,
- Providing practical support to small and micro businesses to help them better comply with health and safety regulations,
- Improvement of practices by Member States,
- Simplifying existing legislation to eliminate unnecessary administrative burdens where appropriate, while maintaining a high level of protection for workers' health and safety;
- Focusing on the aging of the European workforce and addressing current and emerging risks to improve work-related disease prevention,
- The development of statistical data collection for better monitoring,
- Strengthen coordination with stakeholders and organizations (e.g. ILO, WHO and

OECD) that contribute to improving working conditions worldwide and reducing workplace accidents and occupational diseases.

ILO

At the 91st Session of the International Working Conference in 2003, the Global Strategy on OHS was adopted.

The following statements are highlighted in this strategy document (7):

"The national preventive health and safety culture, everyone respects the right to a healthy and safe working environment; Rights, responsibilities and duties are clearly defined in the system by giving priority to the principle of prevention; Government, employers and workers are actively involved in creating a healthy and safe working environment.

All existing means need to be used to sustain the preventive health and safety culture, to raise the level of social consciousness and understanding as to how to prevent or control risks and risks.

Partial efforts are being made at the national or international level to solve the OHS problems. However, in order to start and sustain continuous improvement in OHS systems; Higher priority should be given to the issue with an approach that includes all social partners at the international, national and business level. "

The ILO has also published its action plan for the period 2010-2016 (8) for the dissemination and effective implementation of the ratification of occupational health and safety documents (Convention 155 and its 2002 Protocol, Convention 187).

This plan demonstrates the commitment of the ILO to develop a more holistic approach to key health and safety issues, based on the 2003 OHS Global Strategy, the OHS Framework Convention (2006), and the OHS General Study (2009).

Turkey

Under the Eighth Five-Year Development Plan and ILO Convention 155, The National Occupational Health and Safety Council, which was established in 2005 with the aim of determining the needs, priorities, policies and strategies on occupational health and safety, together with the social partners (workers 'and employers' unions) and all relevant stakeholders, has been regulated by the OHS Law No. 6331. The Regulation on the National Occupational Health and Safety Council, which regulates the purpose, the formation, the tasks and the working procedures and principles of the Council, was published in the Official Gazette dated February 5, 2013 and numbered 28550.

Since its inception, the Council has produced three policy documents.

In the 2006-2008 National Occupational Health and Safety Policy Document I; The political objectives and the implementation targets have been set out by evaluating the reasons for the establishment of the Council, the existing occupational health and safety system and the national occupational health and safety system (9):

I) Political objectives:

1. Issuing a Law on Occupational Health and Safety in line with EU norms,
2. Regulation on occupational health and safety covers all employees,
3. Dissemination of regulations on occupational health and safety to all establishments,
4. Activating occupational health and safety services.

II) Implementation Objectives:

1. Reduce the number of work accidents by 20%
2. Development of diagnostic systems for occupational diseases in our country,
3. 20% increase in public service OHS technical support in our country.

In the 2009-2013 period National Occupational Health and Safety Policy Document II; The assessment of the national OHS targets for the 2006-2008 period and the identification of the current problems and the determination of national occupational health and safety targets for the relevant period have been identified (10):

1. The enactment of the OHS Code and the completion of related legislative works,
2. Informing the interested parties and the public in order to ensure the implementation of the new legislation and promoting activities carried out by Council member institutions and organizations,
3. Reducing the work accident rate in a hundred thousand workers by 20%
4. Increasing the number of expected but undetected occupational disease cases by 500%
5. Increasing the number of employees reached by the submitted OHS laboratory services by 20%
6. 20% increase in OHS project, training and promotional activities carried out by National Council members institutions and organizations,
7. Annual evaluation of studies.

Period of 2014-2018 III. In the National Occupational Health and Safety Policy Document; As well as the annual performance indicators and the action plan, which is responsible for the actions and identified by the relevant institutions and organizations (11).

- 2 Increasing the quality of the activities carried out in the field of OHS and making it standardized.
- 3 Development of work and occupational disease statistics and registration system.
- 4 Reduce the rate of work accidents for each sector in the metal, mining and construction sectors.
- 5 Identification of possible occupational diseases to be encountered and collection of preliminary diagnosis.
- 6 Increase activities for the development of OHS in the public and agricultural sectors.
- 7 Dissemination of work health and safety culture in society.

8 Mandatory MYK- Occupational Qualification Certificates in dangerous works.

8.1) Tenth Development Plan and Specialization Commission Report (2014-2018)

Development aimed with the national development plans prepared since 1963, Not only economic developments but also improvement of economic and socio-cultural structure, sustainable competition, shortening the economic and socio-cultural structure of the human resources, improving the quality of the human resources, progressing in the field of science and technology, reducing the disparities in income distribution, In this context, the determinations and targets set out in the Development Plans and in the Specialization Commission reports on the issues of occupational health and safety, which are important issues of working life, have led to the establishment of policies and strategies at national or regional level.

In the preparation phase of development plans in our country; Public sector, private sector and civil society representatives and academic circles are working in the Specialization Commissions. With this approach, the "Specialization Commission for Employment and Work Life" established for the 2014-2018 Development Plan; The development of the labour market, which is one of the most important agenda items of our country, and the report prepared by investigating its current problems, has helped to determine the policy and actions related to working life of the Tenth Development Plan.

In the section on Occupational Health and Safety under the title of Basic Indicators for Turkey as International Comparison, in summary, It has been emphasized that the most important indicators of occupational health and safety are occupational accidents, occupational diseases, temporary and permanent incapacity to work, incidents of intensive occupational accidents, and in order to reduce the number of occupational accidents seriously, many effective measures must be taken in the next planning period (12).

The report is under the headline of Employment and Working Life Problems in Turkey and in the Occupational Health and Safety section;

- 1 It is pointed out that the lack of safety awareness in our country has been pointed out and for this reason it is stated that there is a need for multidimensional work in order to create "occupational health and safety awareness" by making a kind of mobilization in our country in the coming period.
- 2 In order to overcome this lack of consciousness, it is necessary to emphasize education, promotion, consultancy and similar activities. In the context of lifelong learning strategy, these trainings and awareness raising activities should be carried out in a wide range from pre-school education to higher education from awareness projects to awareness- .
- 3 Proposals have been made for eliminating the lack of occupational safety expertise within the scope of occupational health and safety services.

The Tenth Development Plan approved in 2013; High, stable and inclusive economic growth, as well as elements such as the rule of law, information society, international competitiveness, human development, protection of the environment and sustainable use of resources. In the plan, a participatory approach has been adopted within the framework of a human-oriented development approach, addressed in a holistic and multidimensional perspective on the country's economic and social development process (13).

In the "Employment and Working Life" section of the Tenth Development Plan;

- The main objective is to create a labour market in which all sectors of society benefit from human resources, the quality of the workforce is upgraded and used effectively, the gender equality, the conditions of occupational health and safety are improved and the flexible approach of flexibility is adopted.
- As a policy, The development of job health and safety culture in working life, the application of supervision and incentives, the improvement of compliance with occupational health and safety standards and the training of qualified personnel in this field have been determined.

Strategic objectives of the Project to Enhance the Quality of Occupational Health and Safety Practices in the GAP Region; Training and awareness-raising activities for occupational groups working in risky jobs in order to prevent occupational accidents and occupational diseases, promotion of improvement of working environment conditions in the private sector, and improvement of the quality of OHS applications. In this context, it will be a case study to raise the standards of occupational health and safety at the regional level by passing the implementation plans that will be prepared in this context, the National Occupational Health and Safety Policy document of 2014-2018 period and the important contributions to achieve the targets set in the field of occupational health and safety in the Tenth Development Plan.

2) Guidelines / Standards

European union

"European Guidelines" are documents prepared and non-binding to specific areas (such as sector, risk factors) in order to facilitate the implementation of directives (OHS directives).

These documents; There are different types of guidelines, such as guidelines for implementation based on the European Commission showing best practices for the prevention of risks, council recommendations, European Commission communiqués, EU social partners agreements. The titles of these documents published by the European Union Agency for Occupational Health and Safety (EU-OHSA) are as follows (14):

- Guidance on Risk Assessment at Work (based on the Framework Directive 89/391 / EEC).

Workplaces, Equipment, Signs, Personal Protective Equipment

- Guidance on the Application of Basic Health and Safety Requirements on Ergonomics (Supplementary Guide to the Implementation of the Machinery Directive 2006/42 / EC)
- Increasing Use of Portable Computers and Communication Devices and Its Impact on the Health of EU Workers
- Framework Agreement on Tele-Operation
- Non-binding Good Practice Guideline for the Application of Directive 2001/45 / EC (High Working)
- Non-binding Good Practice Guide for the Application of the ATEX Directive 1999/92 / EC (Explosive Atmospheres)

Exposure to Chemical Agents and Chemical Safety

- Guidance on the Protection of the Health and Safety of Employees at Potential Risks of Nanomaterials at Workplaces
- Implementation Guidelines for Informing and Training Workers about Asbestos Removal or Maintenance Work
- Reduction of Chemical Risks by Substitute Road for Health and Safety of Workers
- ECHA (European Chemicals Agency) Guide to CLP (Classification, Labelling and Packing of Substances and Mixtures)
- ECHA (European Chemicals Agency) Guide on the Application of REACH (Registration, Evaluation, Authorization and Restriction of Chemicals) and CLP (Classification, Labelling and Packaging of Substances and Mixtures)
- Guide to Best Practice for Preventing or Reducing Asbestos Risk
- Guideline for Non-binding Implementation of Health and Safety of Employees at Risks Related to Chemical Matters in the Workplace
- Protection of the Health of Employees through Good Packaging and Use of Crystalline Silica and the Products Containing it
- Communiqué from the Commission to the European Parliament, the Council and the European Economic and Social Committee - Regulatory Aspects of Nanomaterials [SEC (2008) 2036]
- Commission Official Work Document attached to the Communiqué on the Nanomaterials Regulatory Perspective

Exposure to Physical Hazards

- Non-binding Guidelines for the Good Implementation of the Electromagnetic Fields Directive 2013/35 / EU
- Non-binding Guideline for Good Application of Artificial Optical Radiation Directive 2006/25 / EC
- Assessment of the Aircraft Crew's Radiation Prevention Measures

- Technical Recommendations for Monitoring Occupational Exposures of Individuals to External Radiation
- A non-binding good practice guide for the implementation of the Council and the European Parliament's Directive 2003/10 / EC on minimum health and safety requirements for workers exposure to risks from physical agents (noise)
- A non-binding good practice guide for the implementation of Directive 2002/44 / EC on the minimum health and safety requirements for exposure of workers to risks arising from physical agents (vibration)
- Council Recommendation 1999/519 / EC on the limitation of public exposure to electromagnetic fields (0Hz-300GHz)

Exposure to Biological Agents

- European Guide for the Control and Prevention of Legionnaires Disease Associated with Travel

Terms of Workload, Ergonomics and Psychosocial Risks

- Council Directive on Workplace Mental Health Explanatory Document on the Application of 89/391 / EEC
- Guide to Work Related Stress. Your life is salt-pepper or disaster.
- Implementation of the European Autonomous Framework Agreement on Work-Related Stress
- Framework agreement on harassment and violence in the workplace
- European Agreement on the Reduction of Occupational Exposure to Work-Related Musculoskeletal Diseases at Risk in Agriculture
- Framework Agreement on Work Related Stress

Sector Specific and Employee Conditions

- Good Practice Guideline for Improving the Implementation of the Directives on the Protection of the Health and Safety of Employees in Agriculture, Animal Husbandry, Gardening and Forestry
- Agreement between Social Partners on the Implementation of the Fisheries Convention
- European Framework Agreement on the Protection of Occupational Health and Safety in the Hairdressing Sector
- Occupational Health and Safety Risks in the Health Sector - Prevention and Good Practice Guide
- Guideline 92/57 / EEC on the Implementation of Minimum Health and Safety Requirements in Temporary or Mobile Sites (Construction Sites) and a Non-binding Good Practice Guide for Implementation
- Guidance on Assessment of Chemical, Physical and Biological Factors and Industrial Processes Considered Harmful for Health and Safety of Pregnant and New-born Employees (92/85 / EEC)

- Prevention of Cutting-Drilling Injuries in Hospitals and Health Services Framework Agreement
- Council Recommendation of 18 February 2003 on the improvement of the health and safety of workers on their behalf
- Commission Recommendation on the European Program for Occupational Diseases
- Information Notes on Occupational Diseases: Guide to Diagnosis

European Standards

"Harmonized Standard"; Upon request from the European Commission, it is the standard accepted by European standardization bodies - the European Standardization Committee (CEN), the European Electrotechnical Standardization Committee (CENELEC) and the European Telecommunications Standards Institute (ETSI).

"Expression of 'New Approach'; Demonstrates an innovative approach to technical harmonization, separating responsibility between European legislators and European standards bodies.

The new approach is based on the following basic principles:

European directives; Defines "basic requirements" to ensure that health, safety, consumers or the environment are protected at a high level. Within the framework of the new approach, the said directives include the Treaty on the Functioning of the European Union (former Article 95 TEC), which allows for the adoption of measures to improve the free movement of goods (114).

The task of drafting relevant harmonized standards meeting the essential requirements of the products specified by the Directives has been left to European standardization bodies (CEN, CENELEC and ETSI).

Products conforming to harmonized standards are deemed to meet the relevant essential requirements (conformity hypothesis, CE marking) and Member States should accept the free movement of such products.

The use of these standards is voluntary. Alternative standards are possible but in this case, there is a requirement to prove that the products of the producers fulfil the basic requirements (15).

ILO

The ILO's international labour standards (conventions and recommendations) and other tools (codes of practice and guidelines) on occupational health and safety aim at ensuring a safe and healthy working environment.

(16) published by the ILO, guidelines for implementing non-binding health and safety and informing other stakeholders, particularly employers and employees, are included below.

Implementation Guides

- Health and Safety in the Use of Machinery (2013)
- Health and Safety in Agriculture (2011)
- Health and Safety in Underground Mining (2006)
- Health and Safety in Iron and Steel Industry (2005)
- Health and Safety at Shipbreaking: Guide for Asia and Turkey (2004)
- Security at the Ports (2004)
- Health and Safety at the Ports (2003)
- Violence in Workplaces in the Service Sector and Measures to Prevent this Case (2003)
- Managing Disability at Workplaces (2002)
- Health and Safety in Non-Ferrous Metal Industries (2001)
- Safety in Use of Synthetic Glass Fibre Insulating Wools (glass wool, stone wool, slag wool) (2001)
- HIV / AIDS and the Business World (2001)
- Environment Factors at Work (2001)
- Health and Safety in Forestry Studies (1998)
- Protection of Personal Data of Employees (1997)
- Registration and Declaration of Work Accidents and Occupational Diseases (1996)
- Management of Alcohol and Drug Related Issues in the Workplace (1996)
- Prevention of Accidents at Ports and Offshore Vessels (1996)
- Safety in the Use of Chemicals at Workplaces (1993)
- Health and Safety in Construction (Construction) (1992)
- Prevention of Major Industrial Accidents (1991)
- Open Mine Health and Safety in Mines (1991)
- Working Conditions in Technology Transfer to Emerging Countries, Health and Safety (1988)
- Protection of Employees from Radiation (Ionized Radiation) (1987)
- Health and Safety in Coal Mining (1986)
- Safety in Asbestos Use (1984)
- Health and Safety in the Construction of Fixed Offshore Facilities in Petroleum Industry (1981)
- Occupational Exposure to Harmful Substances for Health in the Environment (1980)
- Hygiene and Health Guide in Agricultural Affairs (1979)
- Safe Design and Use of Chain Saws (Forestry Equipment) (1978)
- Health and Safety at Port Workers (1977)
- Safety in the construction and installation of escalators (1976)
- Prevention of Accidents Due to Explosions in Underground Coal Mines (1976)
- Safe Construction and Operation of Tractors (1976)
- Health and Safety in Shipbuilding and Repair (1974)
- Health and Safety in Construction and Civil Engineering (1972)

- Human, Load and Service Lifts Electrical Installation and Safe Construction (1972)
- Guide to Prevention and Suppression of Dust in Mining, Tunnel and Quarry (1965)
- Health and Safety in Agricultural Affairs (1965)
- Prevention of Electric Accidents in Underground Coal Mines (1959)
- Prevention of Fire Accidents in Underground Coal Mines (1959)
- Model Code on the Safety Rules of Industrial Facilities for Guidance to Governments and Industry (1956)
- Model Code on Safety Regulations in Underground Works in Coal Mines (1949)

Turkey

The Directorate General for Occupational Health and Safety of the Ministry of Labour and Social Security is responsible for checking lists that will not replace risk assessments for workplaces, but for improving the working environment, guidelines for sectors that are at high risk for occupational health and safety. The documents are published on the web pages of the General Directorate and the Directorate of Occupational Health and Safety Research and Development, which is affiliated to the General Directorate (17, 18). These documents are especially helpful for SME-type businesses, small tradesmen and craftsmen.

Checklists

- Checklist for Apartments
- Checklist for Shoe Repair Shops
- Checklist for grocery stores
- Checklist for Printing Industry and Printers
- Checklist for Painting Jobs
- Checklist for Call Centres
- Checklist for Leather and Tanning
- Checklist for Dental Clinics and Exams
- Checklist for Masonry, Brick Knitting and Plaster Works
- Checklist for General Passenger Transport
- Checklist for Opticians and Opticians
- Check List for Butchers
- Checklist for Accommodation Services
- Checklist for Hairdressers
- Checklist for Dry Cleaners
- Checklist for Kitchen, Restaurant and Pastry
- Risk Assessment Control List in Wood Production Works
- Checklist for Offices
- Checklist for Private Safety Activities
- Checklist for Passenger Transport by Taxi
- Checklist for the Manufacture of Textile Products
- Checklist for Vehicle Repairs

Checklist for Pharmacies
Checklist for Airport Port Hangar Activities
Checklist for Pool and Sports Centres
Checklist for Animal Production Activities
Checklist for Red Meat and Winged Animal Processing Facilities
Checklist for Tower Cranes
Checklist for Laboratories
Checklist for greenhouse cultivation
Checklist for Agricultural Affairs
Checklist for Cargo Transfer Centres
Processing and Storage of Vegetables and Fruits Sector Checklist
Checklist for Wood and Furniture Manufacturing Sector
Milk Products Production Control List
Risk Assessment Control List in Wood Production Works

Food - Agricultural Guides

Guide to Occupational Health and Safety in Open Farming Areas
Guide to Occupational Health and Safety in Red Meat and Poultry Processing Facilities
Guide to Occupational Health and Safety in Underfloor Breeding
Guide to Occupational Health and Safety in the Processing and Storage of Vegetables and Fruits
Guide to Occupational Health and Safety in the Dairy Sector

Construction Sector Documents

- Business Health and Safety Management Guide for SMEs: Construction Sector
- Risk Assessment, OHS Performance Monitoring and Health Hazards: Construction Sector

Metal Sector Documents

- Business Health and Safety Management Guide for SMEs: Metal Sector
- Risk Assessment, OHS Performance Monitoring and Health Hazards: Metal Sector

Mining Sector Documents

- Business Health and Safety Management Guide for SMEs: Mining Sector
- Risk Assessment, OHS Performance Monitoring and Health Hazards: Mining Sector: Marble
- Risk Assessment, OHS Performance Monitoring and Health Hazards: Mining Sector: Coal

Business Health Documents

- Occupational Diseases and Work Related Diseases Diagnosis Guide
- Health Surveillance Guide in Working Life

In the section entitled "Risk Assessment Guidelines" of the Regulation on Risk Assessment of Occupational Health and Safety (No. 28512 dated December 29, 2012) in connection with this section; Public institutions and organizations, professional organizations in the form of public institutions, trade unions and civil servant unions and non-governmental organizations working in the public interest can be found in the guideline works for the sector in which they operate and they are evaluated and approved by the Ministry for their compliance with the provisions of the Ministry's Regulations. Or the specific risk assessment application guidelines issued for the work done.

Considering the needs and needs of the TRC1 region in the scope of the OHS in the context of the Project for Increasing the Quality of OHS Implementations in the GAP Region, it is important to raise the standards of occupational health and safety in the region (expert support, financial support, study visits, etc.) Will contribute.

Turkish Standards

It is in the duty and authority area of Turkish Standards Institution (TSE) to carry out standards of procedures and services with all kinds of substances and products. TSE; He is a principal member of the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC) and is the representative of these organizations in Turkey.

Only the standards accepted by the TSE shall be the Turkish Standard. These standards are voluntary (optional) and can be enforced with the approval of the Ministry that the standard is relevant (19).

It is observed that many TS and TS EN standards have been adopted when examining the sub-regulations (noise, vibration, work equipment, labour hygiene measurement, testing and analysis laboratories, workplace buildings and attachments, building works) published under the OHS Law. It is important for the regulations to be directed to the standards on the technical details of the subjects involved in the legislation in order to achieve a dynamic structure.

3) Good Practices / Projects

Ministry of Labour and Social Security (MoLSS) - General Directorate of Occupational Health and Safety (OSGGM) has carried out many international (mostly EU funded) and national projects in the field of OHS. These projects are projects that make an important contribution to the solution of OHS issues in order to increase cooperation opportunities with social partners and stakeholders.

Project for Improving Occupational Health and Safety in Turkey (2004-2006)

The aim of the EU supported project is; Adapting the standards of occupational health and safety in Turkey to EU Standards contributes to the development of an effective and efficient system for the implementation of occupational health and safety rules and regulations in the workplace, especially focusing on small and medium sized enterprises.

Within the scope of the project, OHS awareness raising / safety culture seminars were organized for the target groups and social partners (public, workers, employer representatives and local managers) in the industrial provinces as well as increasing the institutional capacity of the General Directorate of Occupational Health and Safety.

Improvement of Occupational Health and Safety in Turkey - ISAG Phase II Project (2006-2008)

The aim of the EU supported project is; To provide harmonized OHS legislation to be implemented effectively and efficiently especially in SMEs, to contribute to the improvement of occupational health and safety in Turkey, to conduct health surveillance of workers, to educate social stakeholders about OHS and to provide widespread and cheap OHS services to businesses and especially SMEs . At the end of the project, 6 mobile work health units have been commissioned to provide this service.

Project for Improving Occupational Health and Safety Conditions at Workplaces in Turkey - OHSIP (2010-2012)

The goal of the project; Is to develop a database to improve OHS conditions and improve OHS culture, to contribute to the implementation of relevant EU legislation and to follow up occupational diseases and occupational accidents at workplaces operating in the high-risk metal, construction and mining sectors.

Within the scope of the project, OHS Management System Model was developed in the pilot and selected workplaces in the related sectors in order to improve the working conditions of workers in the construction, mining and metal sectors.

In this context, nine technical guidelines have been prepared for the three targeted sectors, two of which are related to occupational health and have been made available for use by the relevant business, especially SMEs (20).

Increasing the Quality Level of Occupational Health and Safety Services in Turkey - MATRA Project (2009-2011)

The purpose of the project financed by the Dutch Government; To increase the institutional capacity of project beneficiaries in order to increase the quality level of the Business Health and Security services in Turkey and to determine the service criteria of the institutions providing the external OHS services.

Within the scope of the project, the legislations and practices of the EU member states on external occupational health and safety services were examined and areas to be improved regarding OHS services in our country were identified (21).

Project on Identification, Diagnosis and Increasing the Sensitivity of OHS Professions in Occupational Diseases in Turkey (2010-2012)

The goal of the project; Is to increase the knowledge and sensitivity of physicians and all interested parties in occupational diseases that are completely preventable.

Within the scope of the project carried out together with the Ministry of Health, it was aimed to prepare "Guidance on Diagnosis of Occupational Diseases" as well as organizing informative seminars for social partners and physicians. The second phase of the procedure was performed for branch physicians (22).

Business Health and Safety Enhancement Project (2013- ...)

The purpose of this project, which is realized with national resources; In order to ensure that the outputs of the OHSIP, which is a parallel work with the basic understanding brought by the OHS Code, are spread to more metal, mining and construction SMEs by education and that the application is not restricted to these three sectors, the textile, food, chemistry, furniture and leather The establishment of the management system model in the sectors.

Within the scope of this project, which will make a significant contribution to the implementation of OHS Code, especially in SMEs, and to ensure the sustainability of OHSIP, The development of OHS management systems specific to the target sectors, the dissemination of OHS management systems specific to the target sectors and the increase of awareness in OHS will be ensured. The project is still ongoing (20).

Project for Improving Common Health Safety Unit Service Standards - OSGB HİSİP (2015- ...)

The goal of the project; Is to improve the service standards of OSGBs in order to ensure a healthy and safe work environment in the workplaces where OSGBs are authorized by ÇSGB-OSGGM.

In addition to this project, the General Directorate of Occupational Health and Safety, OSGBs and OSGBs should not visit the workplaces, and proposals should be made to the common stakeholder solution proposals regarding the issues that are waiting for solutions on occupational health and safety services. Is aimed at implementing OSGBs authorized. The project is ongoing (23).

Above, a summary of some projects that allow overlapping of the Project of Enhancing the Quality of OHS Implementations in the GAP Region and some of the EU good practices in terms of their general objectives and targets are given.

The Project for Enhancing the Quality of OHS Implementations in the GAP Region will bring a specific and different perspective to OHS practices because it is a regional feature that contributes to the widespread and sustainability of the projects.

4) OHS Management System (Voluntary Applications)

Serious difficulties are experienced in reducing occupational accidents and occupational diseases, including in developed countries. For this reason, the necessity of taking advantage of non-legislation on occupational health and safety is becoming increasingly accepted.

As non-legislative instruments; Social dialogue, sharing of good practices, development of cooperation and communication methods with relevant institutions, promotion of voluntary practices such as OHS-Management System and so on. countable.

In order to combat OHS issues; It is now a necessity to treat, manage and control the system at the highest level as a system. Because of this reason, OSG-Management System applications become increasingly important and widespread among the above-mentioned vehicles.

It is widely accepted that the first national standard on OHS management systems is BS 8800 (1996) published by the British Standards Institute. Later on, based on BS 8800, many OSG Management System Standards were developed. From these standards, OHSAS 18001 is accepted as the most widely used standard in the world today to introduce a structural approach to OHS management systems.

On the other hand, the OHS Management System Guide was published by the International Labour Organization (ILO) in 2001. This Guideline is intended for use by anyone with OSG management responsibilities at both national and enterprise level.

In this regard, TS 18001 is the most widely used standard in our country and it was accepted and accepted by TSE in 2001. TS 18001 is the Standard of Occupational Health and Safety Management System. When this standard is examined; We see that it overlaps with the OHS Law no. 6331 in terms of concepts such as policy making at the workplace level, organizational structure, preventive activities, continuous improvement, education, employee participation, cooperation and coordination. It is not a coincidence that such concepts are included in our harmonized legislation, but a result of the common tendencies of all international organizations in parallel with their development.

As a matter of fact, the European Agency for Occupational Health and Safety has used a similar finding in the 2012 Report on Occupational Health and Safety Management System, and stated that "the Framework Directive 89/391 is a good example of a mandatory occupational health and safety management system" (24) .

In general, countries in the EU are promoting a standard OHS management system, in particular OHSAS 18001 or ILO-OHS 2001.

As mentioned in the "Projects" section above, the Ministry of Labour and Social Security, taking into account the duties and effective duties of the Act and the sub-regulations published in the workplace, (OHSIP, 2010-2012) and Occupational Health and Safety Improvement Project (2013- ...) aiming at the establishment of sectoral OHS management system models in the mining, metal and construction sectors in Turkey. Projects, especially SMEs, will be provided with a system understanding of occupational health and safety and a

preventive approach based on risk assessment.

Priority sectors to be supported in terms of OHS implementation within the scope of the Project for Enhancing the Quality of OHS Implementations in the GAP Region will be determined. Encouragement of employers to initiate work based on OHS management system criteria in the selected sectors will greatly contribute to upgrading the OHS standards of businesses operating in the region, especially SMEs.

5) Occupational Health and Safety Indicators 5.1)

OHS Statistics

Health and safety indicators in working life provide a framework for assessing the extent to which workers are protected from work-related hazards and risks. These indications are; Businesses or stakeholders in order to identify increasing risk areas such as a specific occupation, sector or locality and to formulate policies and programs to monitor OHS programs, as well as to prevent occupational injuries, illnesses and deaths. The most important indicators in this regard are the number of occupational injuries and illnesses, the number of workers involved and workday losses (ILO).

According to ILO sources; It is estimated that 2.3 million people in the world lost their lives in connection with work, of which about 2.0 million are occupational diseases and the rest are due to work accidents. It is estimated that the economic costs of work-related injuries and diseases vary between 1.8 and 6% of the GNP and 4% of the average (25).

In 2012, there were about 2.5 million accidents in the EU-28 (28 member states) that did not result in death (including at least four calendar days of absence). The number of accidents resulting in death is 3515 (26).

	Accidents at work involving at least four calendar days of absence from work			Fatal accidents at work		
	Total	Male	Female	Total	Male	Female
EU-28	2 487 794	1 953 554	533 984	3 515	3 362	153
Belgium	49 546	40 451	9 093	46	46	0
Bulgaria	1 768	1 353	415	90	82	8
Czech Republic	36 013	26 820	9 193	104	102	2
Denmark	34 245	26 825	7 292	43	42	1
Germany	709 940	578 076	131 794	473	452	21
Estonia	4 993	3 065	1 928	11	10	1
Ireland	9 794	6 828	2 921	42	42	0
Greece	11 926	9 446	2 480	37	34	3
Spain	281 045	212 968	68 077	273	266	7
France	461 376	353 980	107 396	524	494	30
Croatia	8 844	6 766	2 078	50	50	0
Italy	274 040	219 282	54 758	469	450	19
Cyprus	1 511	1 127	384	7	7	0
Latvia	1 213	875	338	33	30	3
Lithuania	2 303	1 698	605	55	54	1
Luxembourg	6 299	5 378	921	13	13	0
Hungary	16 717	11 879	4 838	60	58	2
Malta	2 190	1 978	212	7	7	0
Netherlands	116 029	89 307	26 722	31	31	0
Austria	56 299	46 731	9 568	137	128	9
Poland	67 472	50 290	17 182	303	284	19
Portugal	109 511	82 685	26 826	162	157	5
Romania	2 889	2 308	581	257	245	12
Slovenia	11 505	9 318	2 187	21	21	0
Slovakia	7 469	5 405	2 064	49	49	0
Finland	34 821	28 042	6 779	32	30	2
Sweden	24 864	18 674	6 189	37	34	3
United Kingdom	143 171	111 998	31 162	149	144	5
Norway (*)	14 855	12 335	2 520	34	32	2
Switzerland	72 106	60 352	11 754	60	57	3

(*) NACE Rev. 2 Section A and Sections C to N. Non-fatal accidents reported in the framework of ESAW are accidents that imply at least four full calendar days of absence from work (serious accidents).

(†) 2011.

Source: Eurostat (online data code: hsw_mi01)

Table 3) EU-28 Number of Accidents Not Fatal and Fatal (2012)

When the data of some countries with regular data in the ILO between 2002-2008 are compared with the national data, We are among the top three ranks in terms of the mortality rate among hundreds of workers among these countries (27).

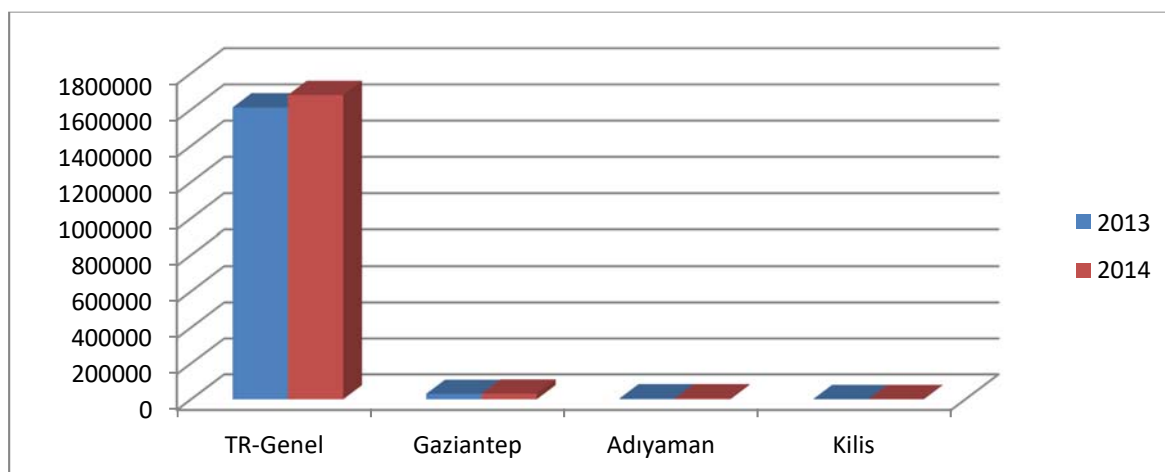
In the European Statistical Office (Eurostat), in countries with regular data between 2002 and 2007, the ratio of mortality rates in 100 of the countries is compared to the data of the same turnover in our country, and we rank first in terms of mortality rate in one hundred thousand workers (28).

The only source we can reach in terms of business health and safety indicators in our country is the Statistical Yearbook published by Social Security Institution (SSI). According to the Laws 6331 and 5110, the employer owns the duty of reporting all the work incidents of insured employees to SSI and reporting them to the law enforcement agencies. These notifications are compiled annually by the SSI, based on ILO definitions and European Union statistical methodology, and are shared with related parties.

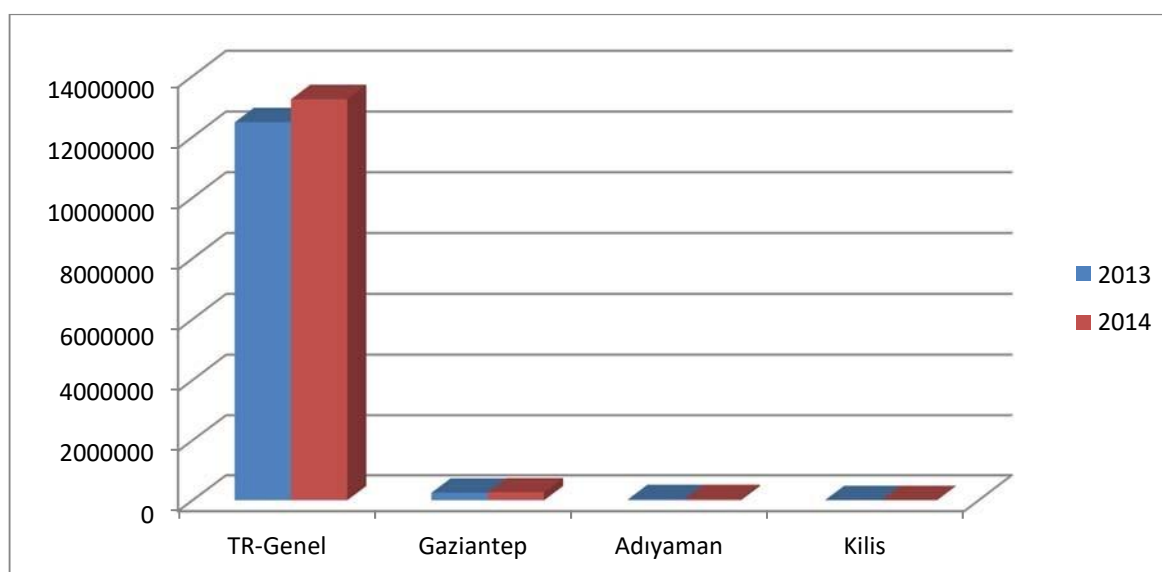
However, as of 2013, all accident data reported in electronic environment have been started to be shared since 2013 when the number of work accidents whose transactions have been completed (paid) has been included. Although long-term evaluation of the statistical data allows for a healthier interpretation, only the figures for 2013 and 2014 have been used in the following tables due to the above-mentioned reasons (the year 2015 has not yet been announced) (29, 30).

Place	# of Workplaces		# of Workers	
	2013	2014	2013	2014
Gaziantep	30.094	31.433	254.107	269.316
Adiyaman	5492	5811	43.163	43.867
Kilis	1417	1510	11.157	11.679
Turkey Overall	1.611.292	1.679.990	12.484.113	13.240.122

Table 4) Number of workplaces and workers in the years 2013-2014



Graph 1) Number of establishments in the years 2013-2014



Graph 2) Number of workers in the years 2013-2014

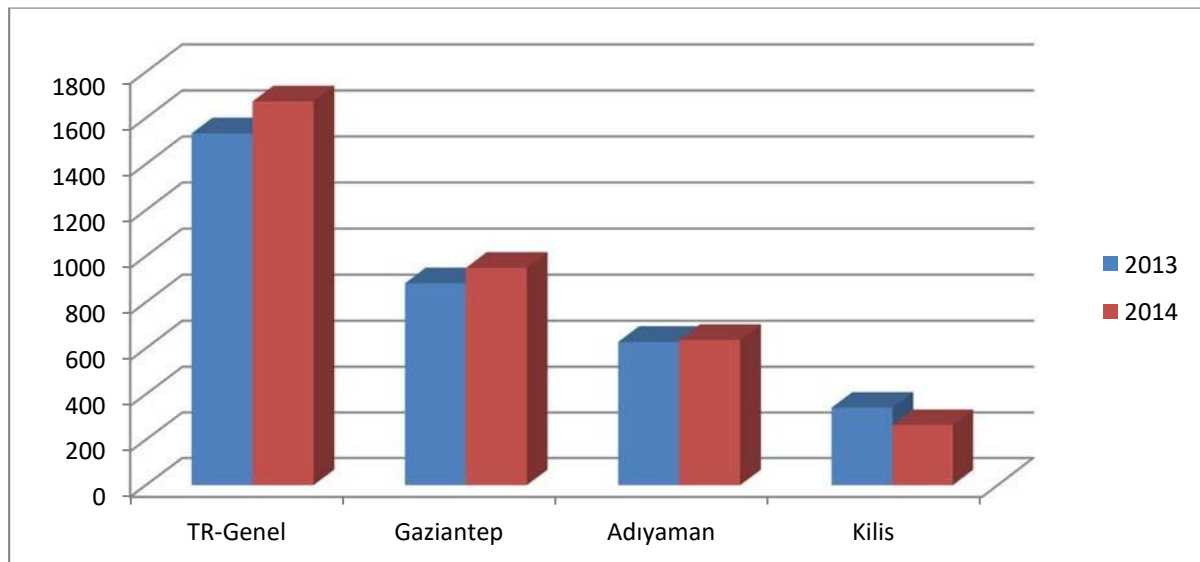
Among the provinces, Gaziantep has a share of approximately 2% in Turkey in terms of the number of workplaces and workers. For Adiyaman and Kilis this share is much lower.

The number of insured persons with occupational accidents in Turkey and TRC1 Region occupational diseases and occupational diseases are given in Table 5.

Provinces	# of Accidents		# of Occupational Diseases	
	2013	2014	2013	2014
Gaziantep	2242	2555	-	-
Adiyaman	271	279	-	-
Kilis	38	31	-	-
Turkey Overall	191.389	221.366	371	494

Table 5) Number of Workers and Occupational Disease Insured Persons

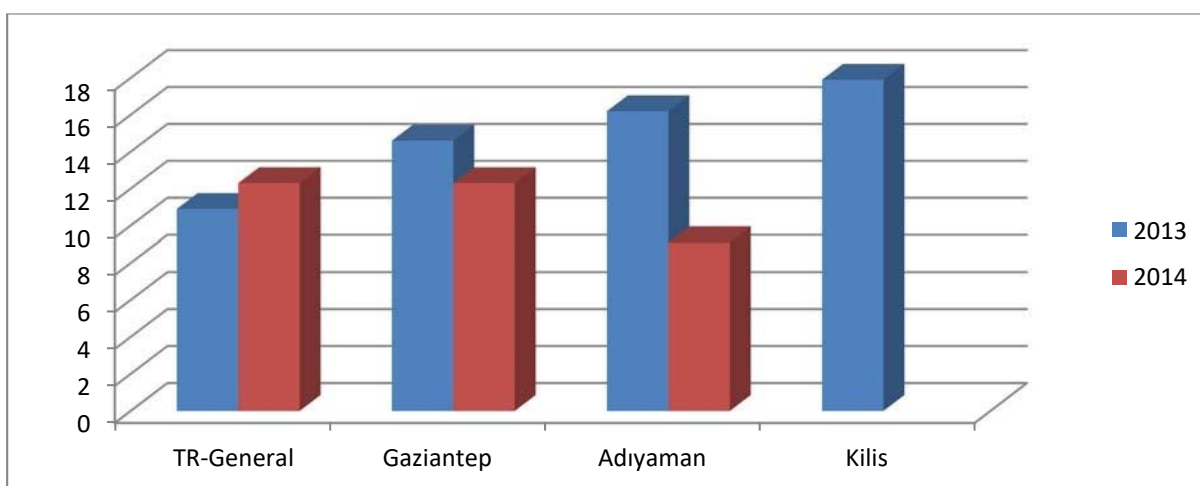
It will be a correct approach to take the numbers of accidental numbers and occupational disease cases that do not result in death and result in death, taking into consideration the change in the number of workers that may be in years and taking a hundred thousand workers. On the other hand, since occupational diseases were not detected in the period of 2013-2014, only the number of insured persons who had a work accident were given in the graphs.



Graph 3) Distribution of Work Accrual Rates in Hundred Thousand Workers

Provinces	Work Accident Result Died Insured		Occupational Disease Outcome Number of	
	2013	2014	2013	2014
Gaziantep	37	33	-	-
Adiyaman	7	4	-	-
Kilis	2	-	-	-
Turkey Overall	1360	1626	-	-

Table 6) Number of Deaths Insured for Occupational Accident and Occupational Disease Outcome



Graph 4) Distribution of Mortem Work Accrual Ratio in Hundred Thousand Workers

When Graph 3 and Graph 4 are examined, It is determined that TRC1 Region ills are below the general of Turkey in terms of work accident rates in one hundred thousand workers. Evaluations made in terms of accidents resulting in death; It is determined that the proportions belonging to the aforementioned provinces are above the general level in Turkey in 2013 and that in 2014, the province of Gaziantep province is the same as the general one in Turkey, the province of Adiyaman is below the whole of Turkey and there is no mortal gain in the province of Kilis.

However, it should not be ruled out that the scope of the country and the unregistered occupational accidents, occupational diseases and occupational diseases are a risk factor in evaluating the statistical data.

5.2) 5.2) Small and Medium-sized Enterprises (SMEs)

When the data given in SSI Statistical Yearbooks for 2013 and 2014 are examined, 99.8% of the workplaces in Turkey are composed of Small and Medium Enterprises (SMEs) employing 1-249 workers. For insured employees; 83.5% in 2013 and 82.7% in 2014 are employed in these establishments. Job accidents in 2013 62.9% in 2014 and 64% in 2014.

The distribution of the SME-type business establishments and the insured persons employed in these establishments in the TRC1 region of the same years are given in Table 7 and Table 8

respectively.

Number of Workers	Gaziantep		Adiyaman		Kilis	
	2013	2014	2013	2014	2013	2014
1-9	26077 (%86,7)	27275 (%86,8)	4472 (%81,4)	4803 (%82,7)	1160 (%81,9)	1248 (%82,6)
10-49	3261 (%10,8)	3371 (%10,7)	895 (%16,3)	876 (%15,1)	222 (%15,7)	231 (%15,3)
50-249	649 (%2,2)	658 (%2,1)	114 (%2,1)	122 (%2,1)	34 (%2,4)	28 (%1,9)
Total	29987 (%99,6)	31304 (%99,6)	5481 (%99,8)	5801 (%99,8)	1416 (%99,9)	1507 (%99,8)

Table 7) Distribution of workplaces by workplace size

Number of Workers	Gaziantep		Adiyaman		Kilis	
	2013	2014	2013	2014	2013	2014
1-9	66117 (%26)	69375 (%25,8)	10648 (%24,7)	11296 (%25,8)	3114 (%27,9)	3364 (%28,8)
10-49	66236 (%26,1)	68928 (%25,6)	16480 (%38,2)	16243 (%37)	4180 (%37,5)	4426 (%37,9)
50-249	69589 (%27,4)	69098 (%25,7)	11916 (%27,6)	11948 (%27,2)	3406 (%30,5)	3085 (%26,4)
Total	201942 (%79,5)	207401 (%77)	39044 (%90,5)	39487 (%90)	10700 (%96)	10875 (%93,1)

Table 8) Distribution of compulsory insurances according to workplace size

As can be seen from the tables, a very important part of the enterprises in the TRC1 Region is in the nature of SMEs, in line with the general coverage of our country. When it is evaluated in terms of the number of employees, it is understood that 90% or more of the employees in Adiyaman and Kilis are employed in the SME type of workplaces.

We can say that SMEs play an important role in our economy by looking at their share in total number of enterprises and employment. For this reason, medium- and long-term economic strategies have been established with various economic policies affecting SMEs directly or indirectly in 2000s. SMEs are more likely to use modern technology to improve their production processes and to become more efficient exporters. Many important programs have been passed on.

While SMEs play an extremely dynamic and immersive role in our economy, it is not possible to make the same evaluation in terms of occupational accidents and occupational diseases, which are the most important indicators of occupational health and safety.

The main problems in the SMEs that cause negativities in terms of OHS are; Lack of technical knowledge, lack of occupational safety consciousness and lack of understanding, lack of infrastructure facilities, lack of qualified labour force, and so on. Some or all of these problems can be seen in SMEs in general.

In fact, when the EU is examined both 2002-2006 and 2007-2012 Strategy Documents, it is emphasized that the Commission is at the centre of interest for the similar problems to be seen in the Community member countries, the emphasis is on the support of SMEs and the importance of safety culture on the implementation of legislation to achieve determined strategic objectives Seen.

In the 2007-2012 Occupational Health and Safety Strategy Document, it is stated that more concrete studies should be carried out on issues such as risk assessment, employee participation and training for the needs of SMEs. It is mentioned that a strategy aiming at strengthening the adoption of the preventive approach to the same document should aim at all segments of the society, not just the workplace, and should help to create a safety culture that valued the prevention of the risk of this strategy.

Indeed, in 2009, an easy-to-use and free OIRA (Online Interactive Risk Assessment) software was developed by EU-OHSA to guide the risk assessment processes of micro and small-scale enterprises, and this system has been used as a good practice example since 2010 (31).

On the other hand, according to the data of 2014, the number of large-scale workplaces employing 250 or more workers; 129 in Gaziantep, 10 in Adıyaman and 3 in Kilis. When this result is evaluated together with Table 7, The number of medium and large sized workplaces with 50 or more employees is 787 for Gaziantep, 132 for Adıyaman, 31 for Kilis, and it is obligatory to establish an OHS Board in the establishments where there are fifty and more employees according to Article 22 of the OHS Code,

OHS Boards are the most important social dialogue mechanism at workplace level. In the establishment, the workplace; From measures to be taken on occupational health and safety, to measures for emergencies from research on work accidents and strikes, to the development of a policy to prevent employees from assessing the right to avoid working in sudden and near-danger situations. Board members, where employers and employees representatives, as well as occupational health and safety professionals (workplace physicians, occupational safety specialists), must operate this social dialogue mechanism very well in order to perform their duties. The adoption of preventive policies to be determined at the workplace level by all employees and the establishment of programs to ensure active participation in work on occupational health and safety and the resulting positive safety culture; Participation of employees in the process

And in parallel with this increase, cost effective solutions will be produced, awareness about risks will be increased, and risks will be kept under better control. Table 8) Distribution of compulsory insurances according to workplace size

As can be seen from the tables, a very important part of the enterprises in the TRC1 Region is in the nature of SMEs, in line with the general coverage of our country. When it is evaluated in terms of the number of employees, it is understood that 90% or more of the employees in Adıyaman and Kilis are employed in the SME type of workplaces.

We can say that SMEs play an important role in our economy by looking at their share in total number of enterprises and employment. For this reason, medium- and long-term economic strategies have been established with various economic policies affecting SMEs directly or indirectly in 2000s. SMEs are more likely to use modern technology to improve their production processes and to become more efficient exporters. Many important programs have been passed on.

While SMEs play an extremely dynamic and immersive role in our economy, it is not possible to make the same evaluation in terms of occupational accidents and occupational diseases, which are the most important indicators of occupational health and safety.

The main problems in the SMEs that cause negativities in terms of OHS are; Lack of technical knowledge, lack of occupational safety consciousness and lack of understanding, lack of infrastructure facilities, lack of qualified labour force, and so on. Some or all of these problems can be seen in SMEs in general.

In fact, when the EU is examined both 2002-2006 and 2007-2012 Strategy Documents, it is emphasized that the Commission is at the centre of interest for the similar problems to be seen in the Community member countries, the emphasis is on the support of SMEs and the importance of safety culture on the implementation of legislation to achieve determined strategic objectives Seen.

In the 2007-2012 Occupational Health and Safety Strategy Document, it is stated that more concrete studies should be carried out on issues such as risk assessment, employee participation and training for the needs of SMEs. It is mentioned that a strategy aiming at strengthening the adoption of the preventive approach to the same document should aim at all segments of the society, not just the workplace, and should help to create a safety culture that valued the prevention of the risk of this strategy.

Indeed, in 2009, an easy-to-use and free OIRA (Online Interactive Risk Assessment) software was developed by EU-OHSA to guide the risk assessment processes of micro and small-scale enterprises, and this system has been used as a good practice example since 2010 (31).

On the other hand, according to the data of 2014, the number of large-scale workplaces employing 250 or more workers; 129 in Gaziantep, 10 in Adiyaman and 3 in Kilis. When this result is evaluated together with Table 7, The number of medium and large sized workplaces with 50 or more employees is 787 for Gaziantep, 132 for Adiyaman, 31 for Kilis, and it is obligatory to establish an OHS Board in the establishments where there are fifty and more employees according to Article 22 of the OHS Code,

OHS Boards are the most important social dialogue mechanism at workplace level. In the establishment, the workplace; From measures to be taken on occupational health and safety, to measures for emergencies from research on work accidents and strikes, to the development of a policy to prevent employees from assessing the right to avoid working in sudden and near-danger situations. Board members, where employers and employees representatives, as well as occupational health and safety professionals (workplace physicians, occupational safety specialists), must operate this social dialogue mechanism very well in order to perform their duties. The adoption of preventive policies to be determined at the workplace level by all employees and the establishment of programs to ensure active participation in work on occupational health and safety and the resulting positive safety culture; Participation of employees in the process

And in parallel with this increase, cost effective solutions will be produced, awareness about risks will be increased, and risks will be kept under better control.

It is of particular importance that the problems to be identified and the actions to be taken for the problems of SMEs in the OHS area are studied in the scope of the project to increase the quality of OHS applications in the GAP region. When planning such actions, similar systems / good practice examples should be considered for the above risk assessment tools.

In the medium and large scale establishments, which are obligatory to establish the OHS Board, educative and guiding activities for effective working of the boards will be effective in increasing the social dialogue level at the workplace level and increasing the OHS

standards.

5.3) Hazard Classes

Another important data given in the SSI Statistical Yearbook is the tabulation showing the distribution by activity groups (according to NACE Rev. 2 Classification) and by number of compulsory insured persons.

Examining the table for 2014, the activities highlighted for Gaziantep, Adiyaman and Kilis are as follows.

GAZIANTEP		
Activity Group	Number of	Number of
-41- Building construction -42- Construction of outdoor buildings 43-Special	2543	35.476
13-Manufacture of textile products 14-Manufacture	1930	62.015
10-Manufacture of food products 11-Manufacture of beverages	1811	13.976
22-Manufacture of rubber and plastic products	370	10.063
-24- Basic metal industry -25- Factory metal products (except machinery equipment)	763	4841

Table 9) Gaziantep Priority Activity Areas

ADIYAMAN		
Activity Group	Number of	Number of
-41- Building construction -42- Construction of outdoor buildings 43-Special	778	8185
13-Manufacture of textile products 14-Manufacture	160	6053
23-Manufacture of non-metallic products	80	1085
10-Manufacture of food products 11-Manufacture of beverages	335	1024
05-Removal of coal and lignite 07-Metal ore mining 08-Other mining and quarries 09- Supporting mining activity	52	946

Table 10) Adiyaman Province Priority Activity Areas

KILIS		
Activity Group	Number of	Number of
-41- Building construction -42- Construction of outdoor buildings 43-Special	265	2904
13-Manufacture of textile products 14-Manufacture	17	436
10-Manufacture of food products 11-Manufacture	64	344
-24- Basic metal industry -25- Factory metal products (except machinery equipment)	10	296
22-Manufacture of rubber and plastic products	14	171

Table 11) Kilis Priority Activity Areas

Gaziantep, Adiyaman and Kilis "Compared to the List of Occupational Hazard Classes in Annex 1 of the Communiqué on Occupational Hazard Classes Concerning Occupational Health and Safety it is possible to make an overall assessment of the danger status of such areas of activity.

Activity Group	Hazard Class
05-Removal of coal and lignite 07-Metal ore mining 08-Other mining and quarries 09- Supporting mining activity	05- Very Dangerous 7- Very Dangerous 8- Very Dangerous 7- 9- Very Dangerous
10-Manufacture of food products 11-Manufacture	10-Dangerous - Less Dangerous 11-Very
13-Manufacture of textile products 14-Manufacture	13-Dangerous 14- Less Hazardous
22-Manufacture of rubber and plastic products	22 - Dangerous
23-Manufacture of non-metallic products	23-Very Dangerous- Dangerous
24-24- Basic metal industry 25-25- Factory metal products (except machinery equipment)	24- Very Dangerous - Dangerous 25- Very Dangerous - Dangerous
41-Building construction (other than project development) 42-Building of outdoor buildings	41- 41- Very Dangerous 42- 42- Very Dangerous 43- 43- Very Dangerous

Table 12) TRC1 Priority Areas of Activity Hazard Classes (based on the weighted hazard classes in the subcategories)

- TRC1 Region; In terms of the number of establishments in Gaziantep, the construction sector is in the first place both in terms of workplace and employment in Kilis and Adiyaman.
- According to the data of the year 2014, the mining sector is the first place in terms of the rate of work accidents and deaths resulting from death in a hundred thousand workers across Turkey.
- A significant part of the activity areas within the mining and construction sector are very dangerous. In addition, these two sectors remain important in terms of accident rates resulting in accidents and deaths.

6) Regional Evaluation

6.1) Industry Situation Assessment in Provinces in TRC1 Region Gaziantep

Sectoral Distribution of Industrial Establishments in Gaziantep According to the Industry

Register Records;

13 - Manufacturing of Textile Products 23%

10 - Manufacturing of Food Products 17%

14 - Manufacture of Clothing Products 8%

15 - Manufacture of leather and related products 6%

22 - Production of Rubber and Plastic Products 6%

25 - Manufacture of Fabricated Metal Products (Except Machinery and Equipment) 5% 20 -
Manufacture of Chemicals and Chemical Products 5%

28 - Manufacture of machinery and equipment not elsewhere classified 4% 23 - Manufacture
of other non-metallic mineral products 2%

24 - Main Metal Industry 2%

17 - Production of Paper and Paper Products 1% 31 - Furniture Manufacturing% 1

08 - Other Mining and Quarrying 1%

55% of industrial enterprises are micro scale, 30% are small scale, 12% are medium scale and
3% are large scale enterprises and the total number of personnel working in registered
enterprises is 111640 (32).

Adiyaman

Sectoral Distribution of Industrial Establishments in Adiyaman Province According to the

Industry Register Records;

10 - Manufacturing of Food Products 24%

14 - Manufacture of Clothing Articles% 12

23 - Manufacture of other non-metallic mineral products 12% 13 -

Manufacture of textile products 8%

08 - Other Mining and Quarrying 8%

06 - Crude Oil and Gas Extraction 4% 31 - Furniture Manufacturing 4%
 25 - Manufacture of Fabricated Metal Products (Except Machinery and
 Equipment) 4 22% - Production of Rubber and Plastic Products 3%
 35 - Electricity, Gas, Steam and Air Conditioning System Production and
 Distribution 2% 20 - Manufacture of Chemicals and Chemical Products% 1
 28 - Manufacture of machinery and equipment not elsewhere classified
 1% 17 - Manufacture of paper and paper products% 1

45% of industrial enterprises are micro scale, 41% are small scale, 12% are medium scale, 1% are large scale enterprises and the total number of personnel working in registered enterprises is 10253 (32).

Kilis

Sectoral Distribution of Industrial Establishments in Kilis According to Industry

Register Records;

10 - Manufacturing of Food Products 37%

16 - Manufacture of Wood, Wood Products and Mushroom Products
 (Excluding Furniture); Manufacture of goods made by knitting, straw and
 similar materials 13%

31 - Furniture Manufacturing 8%

23 - Manufacture of Other Non-Metallic Mineral Products 7% 22 -

Manufacture of Rubber and Plastic Products 7%

13 - Production of textile products 4%

08 - Other Mining and Quarrying 2% 14 - Manufacture of Apparel 2%

20 - Manufacturing of Chemicals and Chemical Products% 2 32 - Other
 Manufactures% 1

25 - Manufacture of Fabricated Metal Products (Except Machinery and
 Equipment)% 1 18 - Printing and Reproduction of Registered Media%1

83% of industrial enterprises are micro scale, 14% are small scale, 4% are medium scale and 0% are large scale enterprises and the total number of personnel working in registered enterprises is 1521 (32).

6.2) OHS Issues in Priority Sectors in TRC1 Region

Construction Sector

The construction sector is a business area that has a leading role in development, also affecting other production areas in all countries. This sector, which provides great contribution to our country's economy and other countries, has a separate prescription in working life.

The sector is one of the leading sectors in terms of employment as well as in the first place in terms of work accidents resulting in disability and death in our country. In fact, all over the world, construction workers are three times more likely to die and twice as likely to suffer injury as compared to other sectors. These accidents, both to the employees, to the employers, and to the collecting, are costly.

Among the most common risks in the sector are; Hearing loss due to high impact, impact of a moving vehicle, electric shock, injury during excavation, impact of falling objects, inhalation of asbestos fibres, back pain after heavy material removal, contact with dangerous materials, noise.

Especially during high work; Working on scaffolds or platforms without handrails, not using safety belts, fragile roofs, stairways that are not adequately maintained, maintained, settled or secured, often result in death and serious injury accidents.

When evaluated in terms of employees; Construction sector workers often have to change jobs, work in a few weeks and a few months every time they work, instead of constantly working in the same workplace because of the nature of the job. This situation includes various negativities in terms of employee and business. Employee training and safety perception levels and workplace safety insights can vary. Often construction workers cannot spend the full year working. To compensate, they often face difficult conditions such as overtime and overwork. They may have to do the things they are not experiencing. Therefore; In fact, there are many risks in terms of construction work, health and safety, which must be a team effort.

In addition to safety problems in construction works, there are also health risks. These risks include asbestosis in works such as sandblasting, tunnel construction, rock drilling, silicosis, insulation, installation, demolition, skin allergies in cementitious work, organic solvent and / or lead exposure nervous system diseases.

Lung cancer deaths are more common in isolation workers who are exposed to asbestos, in welders and in woodworkers. The "white fingers" syndrome is seen in bridge repairers, lead poisoning in painters, in some air hammer operators, and in the use of vibrating tools and machines. In addition, every construction worker is exposed to other health problems such as stress and exposure to heat, musculoskeletal disorders (33).

Metal Industry

The metal industry, which is the most important branch of the industry, is housed in a very widespread sub-sector group required by its structure. The metal industry, which is known to be a motor sector in our country; Iron and steel, casting, white goods manufacturing, the automotive industry and their subsidiary industries. Due to the risks involved in its structure, in the field of occupational health and safety, knowledge, experience and expertise are required in the metal industry; Occupational health and safety, as well as the prevention of occupational diseases and occupational accidents are becoming important. In the metal sector, mostly working with machines and benches, a wide range of cutters, drills and rigid tools are used in the production process. In the area of occupational health and safety in the sector, mechanical hazards (from machinery and equipment), physical hazards (noise, inadequate ventilation, insufficient or excessive lighting), dangerous methods and hazards arising from the process are at the forefront. Businesses operating in the metal sector also have business-specific hazards other than common hazards and are specially made to operate their detection, analysis and measures to be taken. Because of the different production methods and forms used in the workplaces where the same product is produced in the sector, the risks to be met due to structural differences with machinery and equipment may also vary (34).

Basic metal processing techniques such as ore and scrap melting and refining, casting, hot or cold forging and pressing, welding and metal cutting, sintering and turning are applied in the sector. Grinding, polishing, sanding, surface treatment and various coating processes (electroplating, galvanizing, heat treatment, anodizing, powder coating and so on) are made until the final product is obtained. Each of these processes has inherent risk sources and risks (35).

The most common occupational diseases in the metal sector are; Occupational lung diseases caused by dust, occupational diseases caused by chemicals, occupational skin diseases, occupational asthma, COPD, occupational cancer, photoelectrically related to hearing loss related to hearing loss, hearing loss due to noise, hand syndrome (White Finger Disorder), carpal tunnel syndrome (CTS) Developing kerato conjunctivitis (36).

Textile Products Manufacturing

Having a wide range of production, the textile sector is a very risky business in terms of health and safety. Within the sector, yarn-weaving-knitting-finishing operations are more risky than clothing enterprises.

There are hazards arising from moving parts in the machinery used in all parts of the textile industry and work accidents often occur in the form of crushing, breakage, breakage etc. of the workers, arms, hands and fingers of other parts of the fingers being jammed between moving parts. For this reason, the most important problem in terms of occupational health and safety of the textile sector is that adequate and appropriate protective measures are not taken against moving evenings.

The raw material of the textile industry is fibre. One of the industry's most important job safety

risks is the fire because the fibres are easily flammable. It is very important to recognize the fibres so that adequate measures can be taken against the fire and the correct extinguishing method is used in case of any fire. The behaviour of fibre classes on fire is very different from each other. Even the fibres of the same class vary within themselves. Cotton, for example, burns sideways and shows an insidious burning behaviour, and it is quite difficult to notice the fire early. Synthetic based materials are more dangerous with their flammability values. Whatever type of material is used, there are different fire risks in the processes from bale unfolding to final product formation and storage.

Byssinosis originating from dusts in the textile sector is a professional occupational lung disease which is a result of exposure to dusts of natural fibres such as cotton, linen, jute, hemp, hemp, sisal for many years.

Also in the textile sector; Especially the risks arising from the high noise exposure of workers working in roving and water, weaving, bending and folding sections, the risks arising from machinery such as forklifts, cranes, lifts, compressors, steam boilers, hot water boilers, ventilation fittings and non-ergonomic working patterns It is possible to mention (37).

Manufacture of food products

The food products manufacturing sector is basically fed from two main sources. The first of these is the foodstuffs obtained from agricultural origin and the other is the foodstuff obtained by the processing of animal products.

In terms of product diversity, many different types of products are produced in many different types of industrial establishments. Although the product range is very large, similar steps are basically followed in the food industry during the manufacturing phase.

Among the main reasons for the major business accidents that have taken place in the manufacturing sector of food products; Accidents caused by machine movements, sliding and falling, high dropping, one or more compression, crushing, sinking, cutting, vehicle accidents, accidents caused by food processing machines, accidents involving conveyor belts, Packaging machines, machines used for mincing and grinding, band saws - cutting - chopping machines.

The most important risks that can cause life-threatening risks from the special risks arising during the manufacture of foodstuffs are dust explosions and a build-up of vegetable oil. Food products are some of the dusts in the manufacturing sector that may create the risk of blasting of flour, creamy powder, soluble instant coffee, sugar, milk powder, potato chips, and ready-made soup blends. During food production, flour milling, sugar thinning, milk dusting and spray drying of soluble kilns

And the processes of transferring and storing the grains via the tapes are some of the production processes which cause the release of dust in a flammable manner. If these flammable substances are spread in the form of a thin layer on the floor, the possibility of

ignition and flammability will increase even more, and a lower ignition energy may cause these dusts to ignite. It should not be considered that sprayable oils used during food production, flammable solvent materials used in mixing processes such as ethanol, and similar aids and sterilization processes performed at high temperatures increase the risk of fire and explosion.

On the other hand, the most important fire risk of activity is the extraction unit. In this process, the most commonly used solvent is hexane. There is a serious risk of fire due to the use of hexane storage. For this reason, fire precautions must be taken seriously, especially in the extraction area.

A vast majority of the occupational diseases seen in the food manufacturing sector are musculoskeletal disorders caused by repeated loading and unloading operations. Similarly, continuous packing operations and similar activities cause disturbances in the upper arm region. Work-related stress and mental fatigue are also considered as occupational diseases in the international literature. Occupational asthma and inflammation of the internal nose is another disease that is seen intensely in the food manufacturing sector due to exposure to flour and other organic dusts. In addition, there are other occupational illnesses in the sector, including health loss, which is attributable to skin diseases that occur as a result of chemical exposure to other chemicals used in food processing and cleaning processes, and to work in loud environments (38).

Manufacture of rubber and plastic products

Rubber and plastic products, which have a wide range of products, the manufacturing sector is a growing sector in our country. Therefore, the problems of occupational health and safety that can be experienced in the sector are getting more and more important.

The risks involved in cleaning up the rubber from the rollers, the potential for accidents during the repair and maintenance of these machines, the precautions to be taken in the rolls due to the mixed structure of these machines and machines The risks arising from the difficulty, the power to control the stopping mechanisms in the machine and the machine are the main causes of accidents in the sector.

Serious illnesses such as cancer are also encountered among workers working with rubber in tire manufacturing as well as occupational accidents. According to the ILO, scientific studies on workers working in the tire manufacturing sector show that mortality rates are normally higher due to bladder, lung and various cancers

. These deaths are usually not linked to being exposed to a very specific chemistry. It is more likely that many of the chemicals used are exposed to more than one job during the manufacturing phase. The diversity of formulations and changes in the materials used with rubber make it difficult to determine exactly what causes cancer.

In addition, rubber and plastic products are classified as "Class A fires". "Class A Fires" are organic-based solid fires, where the burner normally travels with the formation of shiny cores.

Plastics and rubber materials burn toxic gases while burning. The gases resulting from the burning of plastic materials are usually dioxin-type fatal gases.

There is a high risk of fire and explosion in the rubber industry. In addition to the production process involving flammable solvents, this risk is high during storage (raw material and product) and during waste disposal (39).

Quarries

Quarries and mines; Occupational health and safety problems are among the most frequently encountered sectors.

Hazardous substances important in stone quarries; Steam, oil, grease and cleaning fluids from substances such as explosives, dusts, exhaust gases from machinery, paint and thinner, and battery acid are very corrosive liquids.

Stone quarries are more vulnerable to accidents because of difficult terrain conditions, open to meteorological effects, and risky activities for health reasons. These adverse conditions increase the importance of OHS in quarries. Accidents: traffic accidents in the quarry, high falls, explosions, etc.

The homogeneity of the land, topography conditions, improperly designed terraces, erratic roads, extreme precipitation, electric storms and lightning meteorological conditions are always a source of danger. Excessive precipitation can disrupt the stability of the slopes or the road surfaces. Landslides and floods may occur.

Damage and risks arising from lifting and transporting operations, inadequacy of the lifting vehicle used, unselected lifting or loading vehicle, malfunctioning of the operator, unreasonable or inexperienced operator, unknown weight of load to be lifted, improper installation or loading environment, Problems such as not using PPE, standing under load are common.

On the other hand, one of the most important environmental problems encountered in stone quarries is dust. In the course of dismantling, transporting, breaking, grinding and screening of the stones, dust particles are spread in the air intensively. For this reason, employees may encounter cases of powder diseases called pneumoconiosis.

In stone crushing plants, if necessary measures are not taken, workers may be exposed to negative effects caused by noise.

Another health problem that workers in quarries may be exposed to is the vibration that is experienced during the use of tools. Musculoskeletal diseases and stress are among other health problems (40).

6.3) Occupational Diseases

The 'ILO and WHO Joint Experts' Joint Committee of the ILO and WHO', which was established to carry out the organization and coordination of occupational health and safety around the world, defined the following 'occupational health' in its first session in 1950:

"Work health; To prevent the deterioration of the health of the employees due to working conditions and to protect them from the factors that will affect their health negatively in the course of work and to keep them in accordance with the physiological and psychological structures and to maintain them, And to ensure that the employee is fit for work. "

The definition of occupational health that the Joint Committee of the ILO and WHO Occupational Health and Safety Experts in 1950 was revised in 1995.

The concept of health is now defined as "being in a state of complete physical, mental and social well-being, not merely having no illness or disability".

The aim of business health services; "Keeping all employees healthy and maintaining them, protecting employees from the health hazards that can arise from work conditions and putting them in work in accordance with the physiological and psychological state of the person".

From this date on, there have been great changes in our working life, and in the century we are living, we have to deal with the health problems caused by the agriculture and the industrialists who are still influencing and the new health problems caused by the increase of chemical usage and the development of information technology.

With the developing technology, new chemicals are being used every day, and the number of occupational risk factors is increasing day by day. When it is thought that there are more than 100.000 known chemicals, it is estimated that the number of allergens is several, while around one thousand are carcinogens. It is foreseen that the number of occupational biological risk factors as well as chemical risks is over 200. It is observed that about 50 physical risk factors, more than 20 ergonomic risks, threaten the health of employees.

In developed countries; Physical, chemical and biological risk factors have been taken under control and the prevention of occupational diseases has been achieved to a considerable extent,

Some disorders related to musculoskeletal disorders and psychosocial problems due to the ergonomic problems caused by their way of working have emerged and are increasingly observed.

In our country; While traditional occupational diseases such as silicosis, occupational hearing loss and lead intoxication are not completely prevented, there is also a need for psychosocial care such as intensive computer use, heavy workload and posture disorders such as musculoskeletal disorders due to ergonomic risks and lack of job safety, long working hours, New problems such as risk-related illnesses are also antagonistic

Occupational Diseases; Defined by the ILO and the WHO Experts Joint Committee as "a group of diseases in which a cause-effect, effect-response relationship specific to the work being studied can be revealed between a harmful factor and the human body affected by it".

There are two legal definitions in our country; In Occupational Health Law No. 6331, Occupational Disease is broadly defined as "disease resulting from exposure to occupational risks".

In Social Insurance and General Health Insurance Law No. 5510, it is defined as "temporary or permanent illness, bodily or mental disability situations which are due to the nature of the work the insured works for or for reasons repeated by the employer due to the conditions of execution of the work".

As both can be understood, occupational diseases are diseases whose effects are specific, occupational and strong, and have specific clinical tables. Occupations in the same profession have a higher frequency of occurrence, i.e. occupational clusters.

In the case of occupational disease; It is important that the cause of the disease is manifested in the working environment as well as the presence of the agent itself or its metabolites in the biological environment.

It is foreseen that 4 to 12 new cases of occupational disease are expected for every thousand workers per year according to the number of employees by a calculation method which is generally accepted in the world regarding occupational diseases and the countries calculate the expected numbers according to this method.

According to this calculation method; When an evaluation is made in terms of putting the situation in our country, according to the calculation result made based on the number of compulsory insured persons included in the statistical year of SSI 2014; About 53,000-

159,000 cases of occupational disease are expected. However, the number of occupational diseases registered in SSI 2014 Statistical Yearbook is only 494.

When all this information is evaluated; It is possible to say that the number of occupational diseases in our country is well below the expected numbers. Problems in the detection of occupational diseases are multifaceted and dealt with by many institutions and organizations.

It is necessary to determine the role of The Ministry of Environment, the Ministry of Education, the Ministry of Agriculture, the Ministry of Development, and the Ministry of Health, in coordination with the Ministry of Labour and Social Security and the Ministry of Health, A wide range of participation needs is evident at the national level, including all relevant public institutions, universities, employers 'and employees' unions, professional organizations and non-governmental organizations.

The role of the National OHS Council in carrying out this coordination, which is fundamental to the solution of the occupational diseases problem, is very important and forms the most appropriate ground. A special Working Group on Occupational Diseases should be established to immediately initiate and maintain the necessary initiatives to remove any obstacles to the

detection of occupational diseases.

In fact, in order to solve this problem; Significant efforts have been made for many years in cooperation with SSI and universities in the coordination of the Ministry of Labour and Social Security and the Ministry of Health. Within the said efforts; "Occupational Diseases Projects I and II" have an important place in Turkey, where awareness raising seminars are being carried out for all health professionals and health professionals, especially physicians working in health institutions throughout Turkey. Moreover, as stated in the related parts of the Report, intensive cooperation activities have been carried out with the participation of social partners and stakeholders in the activities carried out within the scope of national and international projects carried out up to now so far as the OHS Law is in effect during the preparations. Nevertheless, it is evident that such cooperation activities can continue to be developed and expanded, in order to reflect on the results shown in Table 5.

In addition to the work to be carried out at the country level, the implementation of various organizations at the regional level and the implementation of the projects will provide significant contributions to the OHS area.

The fact that the detection of occupational diseases is inadequate at the country level also indicates the inadequacy in the regions. Priority sectors in the regions will be easier to identify and monitor occupational diseases, which are priorities by determining their work. Adiyaman, Gaziantep and Kilis, which are defined as TRC1 Region, are seen as the sectors that stand out, and it is seen that some different sectors as well as the common sectors are included.

When we look at the common sectors that have priority in the region; Chemical, physical and ergonomic risks in construction, food, textile and furniture sectors draw attention, psychosocial risks are also important when the difficulty of working conditions, working hours and personal rights are taken into account. As a result of exposure to specified risks; Diseases such as respiratory system diseases, hearing loss due to noise, skin diseases, infectious diseases and musculoskeletal diseases.

In addition, among the other sectors in the region, chemical and plastics sector workers are expected to be exposed to various chemicals, and diseases of the respiratory system, skin and neurological system are expected to come forward.

Finally, the exposure to almost all risks associated with the mining sector in the region is increasing the likelihood of seeing respiratory system diseases, infectious diseases, skin diseases and musculoskeletal diseases.

Within the scope of the "Project for Enhancing the Quality of OHS Practices in the GAP Region" at the regional level, the planning of activities to educate occupational physicians and other health personnel on occupational diseases in particular, to inform and sensitize occupational safety experts, employers and employees and to identify cases of occupational diseases that may occur in priority sectors Will give momentum to the work. Ensuring the continuity of these studies and disseminating them at the country level will provide very important contributions to the study of occupational diseases throughout the country.

II) TRAINING

1. OHS Trainings

The fact that OHS training does not resemble engineering solutions does not result in a lower impact on the control of risks relative to other risk control methods and is not negligible. On the contrary, OHS training is an important tool in preventing work accidents and occupational diseases, which is the process of making desired changes in the behaviour of employees. By determining the training needs of the workplace, by meeting the need for training in appropriate periods and in certain circumstances, the worker will experience a reduction in work and occupational diseases at a desirable level. This is because it is possible to change the behaviour by transforming the information obtained by the person through training so that correct behavioural models of occupational health and safety can be acquired. Furthermore, the presence of occupational safety training items in various dimensions of safety culture, which has emerged as an important concept in recent years, indicates that occupational safety training is related to the safety culture. Researchers say that in order to develop a positive safety culture in the workplace, people must be prepared for this through education and be equipped with a range of skills (41).

There are two areas in our country in terms of the training of employees and OHS professionals in relation to OHS training and the arrangements in this area are under the jurisdiction of the Ministry of Labour and Social Security

1.1. Training of OHS Personnel

Duties, Authorities, Responsibilities and Trainings of the Work Safety Professionals published in the Official Gazette dated 29.12.2012 and numbered 28512 and the Regulation on the Duties, Authorities, Responsibilities and Trainings of the Workplace Physicians and Other Health Personnel published in the Official Gazette dated 20.07.2013 and numbered 28713 The criteria of the institutions that will provide training in the Regulation, the duration of the training, the conditions of the examination and renewal education are explained. The contents of the training programs and the qualifications of trainers in the program are determined by the General Directorate of Occupational Health and Safety of the Ministry.

In the Regulations;

- The duration of the training program of the work physicians is 180 hours in the theoretical part, 40 hours in the application part and 220 hours in total,
- The duration of the training program of the other health personnel is 90 hours,
- The duration of training program of job safety experts was determined as 180 hours in the theoretical part, 40 hours in the application part and 220 hours in total.

1.2. OHS Training of Employees

In Article 17 of the Law No. 6331 on Occupational Health and Safety;

"(1) The employer shall ensure that employees receive training in occupational health and safety. In particular, Prior to commencement of work, in the place of work or in the course of work, in the case of change of work equipment or in the application of new technology. The trainings are renewed in accordance with the new and emerging risks and are repeated when necessary and at regular intervals.

(2) Employee representatives are specifically trained.

(3) Persons who are unable to certify that they have received vocational training on the basis of work are not allowed to work in dangerous or very dangerous classrooms which are obliged to receive vocational training.

(4) Before starting work for a worker who has a work accident or is caught up in the occupational disease, additional training is provided about the reasons for the accident or occupational disease, ways of protection and safe working methods. In addition, those who have been away from work for six months or more for any reason are given training in information renewal before starting work again.

(5) In workplaces that are in dangerous and dangerous class; Employees who come to work from other establishments cannot start work without a document showing that they have received sufficient training and information about health and safety risks to be met in the work to be done.

(6) The employer who establishes a temporary business relationship shall be provided with the necessary training to work against occupational health and safety risks.

(7) The cost of the training provided under this article cannot be reflected to the employees. Training time considers as working time. If the duration of the training is above the weekly working period, these periods are considered as overtime work or overwork. "

The general framework of OHS trainings for employees is drawn. In Regulation on the Procedures and Principles of Occupational Health and Safety Training of Employees Published in the Official Gazette dated 15.5.2013 and numbered 28648; Details such as "Preparation of training programs", "Training periods and subjects", "Basic principles of education", "Persons and organizations that can give education", "Qualifications of the place to be trained" and "Documentation of trainings" are included.

It is seen that when the above-mentioned regulations are evaluated for the employees, the target mass of such trainings seems to be predominantly comprised of adults, both in the case of OHS professionals.

Due to the fact that adults have different physical, social and psychological characteristics from children and adolescents, the characteristics of the educational process also differ. Since adult individuals in many parts of the world have completed the formal education process,

In their lives, to engage in many obstacles or difficulties in participating in learning and participation in education, both from their own lives and from external factors (42).

For this reason, regulating the training to be applied to OHS professionals and employees in accordance with the scientific principles will play a crucial role in the future of our preventive approach, which is our ultimate goal.

1.3. Vocational Training Certificate - Vocational Qualification Certificate

In Article 17 of Law No. 6331 on Occupational Health and Safety; There is a provision in the dangerous and dangerous class which has the obligation to receive vocational training that those who cannot certify that they have vocational training related to the work will not be employed. Within this scope, Regulation on Vocational Training of the Work to be carried out in the Dangerous and Highly Dangerous Schools in the Official Gazette dated 13.07.2013 and numbered 28706 has been published.

Vocational training in the Regulation; "Education that provides individuals with the knowledge, skills, attitudes and values to develop their occupational skills and their adaptation to new occupations and to ensure that the development process of physical, social, cultural and economic skills of individuals is carried out in a plan" .

A total of 109 jobs have been defined under the different headings in the Regulation. Goal; Ensure that those who will be employed in these jobs receive training that includes sufficient information and instructions on health and safety risks to be encountered in the course of their work before they are recruited.

WORKS TO BE OBTAINED FOR OCCUPATIONAL TRAINING	
SEARCH AND DRILLING WORKS	
1	Search for oil, natural gas, water, all kinds of mining, mining springs and minerals and all kinds of drilling works.
2	Extraction and production of petroleum, natural gas, water and all kinds of minerals and minerals and minerals, stone, earth, sand and similar materials.
3	Crushing, washing, enrichment, transportation, storage and similar works complementary to the production of petroleum, natural gas, water, all kinds of minerals and minerals and stone, soil, sand and similar materials
WORKS ABOUT METALLURGICAL INDUSTRY	
4	Production and processing of metals and metals with pyrometallurgical, chemical and electrolytic processes from sprouts and minerals.
5	Melting and refining of metals and metals, the production of alloys and all kinds of works done for these purposes.
6	Hot and cold shaping of metals and alloys, metals and alloys by all kinds of casting and rolling, pressing.
7	Works of the manufacture of various articles of iron, steel, and other mines and alloys, melted and spilled into the pot.
8	Heat treatments applied to metals and alloys, metals and alloys (tempering, quenching and the like).
9	Sulphur production by melting, milling packing and storage and related works.
WORKS ABOUT STONE AND SOIL INDUSTRY	
10	All kinds of stone extraction and processing works in stone quarries (crushing, cutting, transporting, grinding, chipping, polishing and similar works).
11	In cement factories and quarries; Loading and unloading of crusher and kiln, furnace and oven crusher and cinder, crusher, clinker elevator, packing, crane elevator, welding, power plant, Water tower, chimney and paint repairs, road crane roads, sewerage and maintenance works.
12	Burning of lime and gypsum and grinding and sieving them.
13	Tile, brick, fire brick, pipe, pot, and similar construction and architectural material works produced by baking soil.
14	Tiles, porcelain and ceramics works.
15	Glass, bottle, optical and similar material factories and factories related to production and their processing jobs.
16	13, 14 and 15, furnace works and works which emit silica powders.
WORKS ABOUT METAL GOODS INDUSTRY	
17	Attaching, riveting and pressing of heavy sheet metal and caulking work.
18	Scaffolding, sewing and sledging works and works of cranes, work scaffoldings, booms, poles, iron and chains and similar equipment in shipbuilding and repair.
19	Manufacture of boats, quarries, bridges, engines, machines, boilers and their assembly and operation.
20	Production work of iron wire and rod (such as nails, chains, screws etc.).
21	Various articles of manufacture by heating or pressing iron.
22	Cold forging and all kinds of welding work (such as oxygen, electricity, spot welding and sewing work).
23	Manufacture of articles from gold, silver, copper, brass, aluminium and similar materials.
24	Lead welding, serial and continuous soldering.
25	Machining and grinding jobs, such as turnings, grooving, weighing over 10 kg.
26	All kinds of metal and fibre optic cable manufacturing, cold rolling and manufacturing works such as wire and strip from steel and similar materials.
27	Works done on fully automated cold forming machines functioning with magic force.

28	The protective coating made by hot dip (lead, tin, zinc, etc.) made from various chemical substances and other protective coatings made by chemical coating (nickel plating, chromium plating and cadmium plating etc.) made on metal surfaces by mechanical and chemical cleaning works and electrolysis Phosphating, anodizing, etc.), teflon and enamel work.
WOOD AND ITS WORKS CONCERNING THESE GOODS INDUSTRY	
29	All types of knives and saws working with a powerful force, cutting, sculpting, scouring, sculpture, sculpture and sculptures.
30	Drying works, adhesive works, plywood, artificial wood made of wood chips and PVC surface coated artificial wood works and impregnation works.
CONSTRUCTION WORKS	
31	It can be used for building, wall, set, dam, road, railway, bridge, tunnel, subway, all kinds of rail system, pier, harbour, marina, breakwater, fisherman's shelter, airspace, overhead line, steel constructions construction sewage, All kinds of ground works, all kinds of underground and underground works, underwater and under water constructions, all kind of basic construction works (anchorage retaining wall, fore pile), water drainage systems, canals, canals, cesspools, wells, pools, sports facilities, Construction, pylon work, etc.), demolition work, land surveying, surveying, research, all kinds of repair and strengthening works, and the use of necessary tools, materials, fixed facilities and equipment for these works.
32	Production of all types of prefabricated construction elements (such as shoes, columns, beams, looms, rafters) and on-site assembly works.
33	Manufacture and application of cement and concrete goods and building materials (building, road, railway, bridge, dam and similar top structures, elements used in all kinds of sub-structures and tunnels).
34	Production, processing, processing of semi-finished and finished products and their application on site, such as concrete, asphalt, cement, gypsum and lime.
35	Excavation, splitting and filling of all kinds of floors.
CHEMICAL INDUSTRIAL RELATED WORKS	
36	Chlorotic acid, sulphate acid, nitrate acid and so on. All kinds of irritating and burning acids, and all kinds of alkalis such as sodium and potassium hydroxide, ammonia, etc.
37	Manufacture and manufacture of flammable materials such as aldehydes, ketones, ethers, carbon sulphide, anilines, alcohols, solvents, thinners, trichlorethylene and the like.
38	Distillation of crude oil and tar, bitumen, mineral oils and all kinds of fuel oil.
39	Gasification and coking of wood and coal and distillation of intermediate and art products such as bitumen and tar obtained from them.
40	Production, stockpiling and supply of gas such as natural gas, liquid petroleum gas, air gas, bio gas, and acetylene gas.
41	Manufacture of asphalt and damp insulation materials and lubricants, liquid and solid oils not obtainable in petroleum refineries.
42	Manufacture, storage and transport of all kinds of explosives and ammunition.
43	Manufacture, use, storage and transport of all kinds of toxic gases and war gases.
44	Impregnation works of activated carbons, other active substances and various chemical substances.
45	Works for which all kinds of explosive materials are used, dust and gas masks, protective caps, clothing and other protectors.
46	Pyrotechnic material preparation and manufacturing (lighting and sign wares, fireworks, fireworks, pistol mushrooms, etc.).
47	All kinds of organic and inorganic poisonous or irritant materials, paint and varnish production, and the use of poisonous and irritating paints from them.
48	Production and storage of chemical fertilizers.
49	Cellulosic, synthetic and all kinds of paint making business.
50	Manufacture of various chemical substances made with cellulose and lacquer nitrocellulose.
51	Production, production and storage of insecticides, rodenticides and agricultural fighting drugs.
52	Production of fluorine, chlorine, bromine, iodine and the production of harmful derivatives thereof.

53	Manufacture of organic and inorganic pigments.
54	Production, loading, unloading and transport of chemical substances harmful to human health.
55	Maintenance and charging of accumulators and accumulators in series.
56	Manufacture of narcotic substances.
57	Production of vegetable and animal fats and liminal related works.
58	Tanning, transport and warehousing works in all kinds of leather factories and manufactures with tan yards.
59	Preparing the hair to be used as hair.
60	Raw fur processing and painting.
61	In the rubber and rubber industry, everything from the preparation of rubber pastry to the production of all kinds of shaped products.
62	Shaping of plastic materials and the manufacture of plastic goods.
WORKS ABOUT YARN, WEAVING AND CLOTHING INDUSTRY	
63	Jobs at the gin factories.
64	Weighing, combing, pressing and sorting of cotton, linen, woollen silk and the like and their waste.
65	Cleaning, painting, gassing, bleaching, printing and preparation of all kinds of primitive and finished products.
66	Preparation and production of artificial silk.
67	Linoleum and other hard surface flooring, artificial leather (lacquer and coated fabrics except plastic, wicker, fibre and other felts, mats and all kinds of fabrics of lapping and armchairs materials), filing of rash and rags of these products.
WORKS ABOUT PAPER AND CELLULOSE INDUSTRY	
68	Manufacture of paper clay and wood clay.
69	Cellulose production.
70	Preparation, use and recovery of irritants and harmful substances such as chlorine, hypochlorite, sulphur dioxide, hyposulfite and solutions in the production of paper and cellulose.
FOOD INDUSTRY RELATED WORKS	
71	Cutting, processing, packaging of all kinds of living animals, work in the offal facilities.
72	Production, refining, packaging, filling and transport works in sea and lake salt and rock salt enterprises.
WORKS ABOUT TOBACCO INDUSTRY	
73	Transfer work in the workshop and warehouse.
ENERGY PRODUCTION, TRANSPORTATION AND DISTRIBUTION WORKS	
74	Works related to the production of steam, gas and other exciting forces.
75	Electricity production, transport and distribution works, electrical maintenance and repair work.
76	It works on the moving machine, motor and its assembly, such as lubricating, repairing and cleaning of the transmission gear.
SHIPPING SIMILAR WORKS	
77	Weighing, unloading and loading jobs up to twenty five kilograms without tools.
78	Weighing up, unloading and loading jobs up to fifty kilos with tools such as hand carts.
79	Up to sixty kilograms of up, down and loading work with three and four wheeled and pedal cars.
80	Weighing, unloading and loading jobs up to three hundred kilograms up to 10% at ramps.
81	Transportation of gas, oil, water and similar materials through all kinds of pipes and maintenance, repair, repairs and similar works carried out on these transport lines.
AGRICULTURE AND LIVESTOCK WORKS	

82	Hunting, gathering, production, (products and by-products to be obtained) of fish and other animals and plants in lakes and rivers in the seas, and dylan works.
83	Use of pesticides
STEEL AND ANTIPLY	
84	All kinds of warehousing, warehousing, warehousing, warehousing, warehousing, loading and unloading works in public shops and floors.
COMMUNICATION	
85	All kinds of construction, maintenance, repair and substructure works for communication tools such as post, telephone, telegraph, radio, radio and television.
VARIOUS WORKS	
86	Asbestos dough preparation and shaping work with all kinds of manufacturing made with asbestos dust (Dam isolation material, cement and asbestos based pipes, rubber and plastic floor coverings, various industrial products, personal protectors).
87	Sponge hunting jobs.
88	Cleaning, washing, whitening and painting of sponges.
89	Fire department jobs.
90	Cooking, fireworks and quarry and chimney cleaning.
91	Sewage and cesspool works.
92	Works related to all kinds of garbage and waste materials (collection, transportation, storage, processing, destruction etc.).
93	Swamp drying, underwater and underground works and all kinds of jobs done by entering the water.
94	Radiology works and radios and radioactive materials and all types of radiation emitting radiation (various x-ray, magnetic resonance and similar electronic devices) works.
95	All kinds of jobs in places where wild or poisonous animals are kept in gardens and animal decors.
96	All kinds of ink manufacturing jobs.
97	Animal sanitation works.
98	Production works related to bone, horn, nail and animal blood.
99	Manufacture of metal letterpress and plate making.
100	Making facial and fantasy freesia and finishing of finished products in finished leather products in the leather
101	All jobs done on non-machine sea vehicles (barges, shat and so on).
102	Works carried out on floating cranes and combs.
103	Airborne preparations and ground handling services.
104	All work done on airplanes and spraying with firefighting.
105	Maintenance, supply, repair and parking works for land, rail, sea and lake vehicles.
106	All kinds of silk works.
107	Printing jobs (All kinds of printing jobs)
108	Packing, packing and filling of all kinds of solid and liquid intermediates and final products.
109	Manufacture of all kinds of shoes, slippers and the like made of leather, artificial leather, plastic, wood and other materials.

Table 13) Schedule of work to be taken for vocational training

On the other hand, in the Communiqué Regarding the Vocations of the Vocational Qualifications Authority Vocational Qualification Certificate Obtained in the Official Gazette dated 25.05.2015 and numbered 29366, Dangerous and dangerous works and which are published by the Vocational Qualifications Authority and which are not listed in the Communiqué of the Communiqué and which do not have Vocational Qualifications Authority Profession Qualification Certificate are not allowed to be employed twelve months after the publication date (25.05.2015) . However, the need for accredited certification bodies to be accredited in accordance with the TS EN ISO / IEC 17024 standard and the associated limitation of the certification body (currently 55 organizations in Turkey in general) will cause the employer to experience the employment problem and the employers to be subject to criminal sanctions, Extension works to 31 December 2016 are being made.

In 2016, there were 8 additional vocations for the mandatory document, which started in 40 vocations. It is planned that the document obligation should be continued in the first 106 professions listed in the Council of Ministers' designated wage list, followed by the full implementation of occupations in the dangerous and dangerous class (43).

SECTOR	ABILITY NAME	LEVEL
CONSTRUCTION	Wood Moulder	3
	Plasterer Practitioner	3
	Gypsum Plasterer	3
	Reinforced Concrete	3
	Concrete	3
	Mason	3
	Industrial Pipe Installer	3
	Heat Insulator	3
	Construction Painter	3
	Scaffolding Installation Staff	3
	Panel Moulder	3
	Ceramic Tile Covers	3
	Sound Isolator	3
	Plasterer	3
	Water Isolator	3
	Tunnel Moulder	3
Fire Insulator	3	
METAL	Aluminium Welder	3
	CNC Programmer	4
	CNC Programmer	5
	Steel Welder	3
	Resistance Welder	4
	Hydraulic - Pneumatic	4
	Hydraulic - Pneumatic	5
	Resource Operator	4
	Metal Sheet Processor	3
	Metal Sheet Processor	4
ELECTRIC AND ELECTRONIC	Elevator Maintenance and Repair	3
	Elevator Maintenance and Repair	4
	Elevator Installer	3
	Elevator Installer	4
ENERGY	Pancake	3
	Pancake	4
	Natural Gas Infrastructure Construction Control	4
	Natural Gas Steel Pipe Welder	3
	Natural Gas Heating and Gas Burner Service Personnel	4
	Natural Gas Operation Maintenance Operator	4
	Natural Gas Polyethylene Pipe Welder	3
	Natural Gas Polyethylene Pipe Welder	4
	Heating and Natural Gas Interior Installation	3
	Plastic Welder	3
AUTOMOTIVE	Machine Career	3
	Machine Career	4
	Machine Career	5
	Automotive Electromechanician	5
	Automotive Mechanic	4
	Automotive Installer	3
	Automotive Sheet Metal and Body Welder	3

Table 14) Dangerous and very dangerous works which are obligatory for the certificate of professional competence (36)

Vocational qualification certificate; (Knowledge, skills and competence) specified in the national qualification. Vocational qualification certificate The certification bodies authorized by the VQA (Vocational Qualifications Authority) are awarded to individuals who are successful in the measurement and evaluation. The certificate of professional competence is an indication that the individual carries the qualifications required by the job in question. In this context, it would be possible for individuals who have acquired skills by working without any training to be able to document their skills in a way that flexibly transcends vertical and horizontal transitions between different occupations or sectors, and flexibly reflects new developments in the sector and occupation.

As a result; The mandatory vocational training and vocational qualification certificate for the work specified in the Regulation on the Vocational Training of the Work to be carried out in the Dangerous and Very Dangerous Schools does not mean the same. Vocationally trained employees will also need to obtain vocational qualification certificates within the scope of the Communiqué on Occupational Proficiency Certificate Vocational Qualification Certificate Obligations.

In the present case, 609 national professional standards have been published in the Official Gazette and there are 55 authorized certification bodies. This situation emerges as an important problem that concerns the employers and employees in Turkey and in the TRC1 Regions in connection with it.

In this context, it is important that among the targets included in the "Strategic Plan" prepared by the Gaziantep Chamber of Industry for the period of 2014-2017, it is possible to find initiatives that can be effective in resolving the problems related to regional vocational education.

Among the targets determined for achieving the strategic aim of "Continuing Gaziantep Industry Development";

"H7- Vocational Education and Human Resources Activities

Vocational training should be given in at least 3 topics each year for the qualification requirements to be determined according to the demand analysis results to be carried out by the Odam or UMEM, İŞKUR, SODES ... etc. Within the scope of the projects, the needs of the industrial staff will be met. The data obtained through GSO resources will be suggested for recruitment of at least 100 unemployed members each year. "Vocational Education Consultation and Support Desk" will be established in the room and at least 10 consultants will be provided per year. A website will be created to draw attention to the importance of vocational training and at least five organizations will be organized each year for vocational training. The construction of the GSO Vocational Training Complex will be undertaken for completion, completion and operation of the complex. In cooperation with the universities and vocational high schools in Gaziantep, activities will be carried out for the students to do internship / internship in the industry ".

Among the targets set for achieving the strategic objective of "Increasing the Effectiveness of the GDF in Regional Development";

"H18- Increasing Participation in Cooperation and Activities of Chambers and Industrialists in the Provinces and Provinces in the Neighbouring Regions with GSO

At least 10 times a year consultation will be provided to the chambers in the neighbouring provinces related to the Chamber activities and legislation in order to increase the activity of the GSO in the region and to expand the working area. It is aimed to include neighbouring countries at least once a year in activities to be included in the project application to be prepared.

The work will be carried out so that the GSO activities can be delivered to the industrialists in neighbouring provinces "(45).

The development of the Gaziantep Chamber of Industry's goal related to vocational education training to include especially dangerous and dangerous works, supporting Adiyaman and Kilis especially for the example of the region, will contribute to the working life.

Good Practice Examples

1.4. EU Implementations

OHS specialists in the seminar held within the framework of the Conference on Occupational Health and Safety in SMEs, held in Rome on 1-3 October 2003; They agreed on the need for a European strategy based on qualified and quantitative targets aimed at preparing children and young people for their working lives and published the Rome Declaration on "Integration of Education and Teaching of Occupational Health and Safety". The purposes of this Declaration are; (46), to prepare children and young people for a healthy and safe working life in the future, to provide lifelong learning for all citizens and employees, and to improve the OHS in the workplace.

In this context, increasing the training and sensitivity of occupational health and safety has become an important issue in the EU's OSG strategy documents and in its programs. Integrating Occupational Health and Safety into the Education System (Good Practices in School and Vocational Training), published by the European Agency for Health and Safety (OHSA), together with many projects undertaken, is an important work and summarizes the reasons below and EU-countries practices (47).

The health and safety of employees in the future depends on integrating occupational health and safety (OHS) into our current education system. Children and young people should be trained at a very early age about health and safety so that they can move these ideas into their future business and personal lives.

According to research, most of the industrial countries are the most important cause of death

among children, young and young adults; The risk of accident for young people aged 18 to 24 is 1.4 times higher than the average. Briefly, we should put the OHS seeds as early as possible.

In addition, strengthening prevention culture by using education is one of the main objectives of community strategy for occupational health and safety during 2002-2006. To support this aim, the agency's board has taken the Agency's 2003 program to examine examples of successful integration of health and safety curricula into educational systems and programs. The aim of the report is not only to provide detailed observations on good practice and lessons learned from the European Union but also to present the steps that will determine the consistent strategy of the integration of the concept of occupational health and safety at the European level with education.

The purpose of the report prepared in this context is; As well as providing an overview of best practices in Europe, as well as the next step in the systematic strategy for integrating occupational health and safety into education.

As the target group; Schools and other educational institutions, politicians and social partners. The field of activity is primary and secondary schools and vocational education.

Examples of all good practices; The holistic approach, the curriculum approach and the workplace approach.

The health and safety conception of the studies classified according to the holistic approach is more detailed because it also includes physical, mental and social well-being.

According to the curriculum approach; Health and safety cannot be restricted as a single issue when the curriculum is integrated. Defend the integration of health and safety curriculum (all stages of education).

The workplace approach focuses on the final and most important phase of the training process. This is the transition from school to workplace. A number of projects have focused on the way students get to work, see the progress of professional life, see possible risks in the general or sectoral level and find solutions.

Below is a summary of the work carried out in the EU-countries (good practice examples).

Count	Title	Basic Gain
Belgium	An idea for an action	Propagation of samples for schools
Belgium	On Violence Education	Applying social skills
Denmark	Risikomoment	A guide with detailed information for teachers
United Kingdom	National healthy programme	Nationally approved regional health school standard
United Kingdom	Safer primary schools	Representatives from all schools project
Greece	FAOS	Training programs for teachers
Sweden	School environment movement	Participant discussions and interventions
Netherlands	Safe school	Improved communication on safety and violence
Netherlands	Toward an accident-free arrow	Physical safety policy
Netherlands	Secure practical courses	Rules and tools for safe practical courses

Table 15) Holistic approach-Good practice examples

	Title	Basic Gain
Denmark	Ar and Mi new children in school / at work	Age-appropriate training resources for teachers
Britain	Splaat is always safe game	Construction resource training package
Italy	Safe school	Conceptual and metacognitive framework for teachers
Italy	Good practice examples to improve health and safety in primary school	Creation and dissemination of educational tools
Italy	Safety ... music installed in 626	CD on safety related musical material and work
UK	Human torch	CD ROM that teaches chemistry activities
UK	Personal protective equipment	Technological project on protective clothing
Spain	No badis! La Prevencio des de l'escola	Educational material for primary schools
Spain	OHS as a mutual education	Guide for primary and secondary schools
Spain	Erga Primaria Transversal	Online guide for primary school teachers

Table 16) Curriculum Approach-Good practice examples

Country	Title	Basic Gain
Austria	Children's project	Contact between child and work inspection
Austria	Commands related to occupational risks	Training for teachers
Belgium	Students make machines safe	Recommendations for risk assessment and safe machines
Finland	Learn while doing the job	Training for job teachers
Finland	Youth and work	Youth and partnership network
Finland	Preventive group intervention	Improving the quality of mental health and employment
France	Synergy	Diagnosis of workplace hazards by students
France	OHS passport	Additional diploma in prevention
Germany	The young want safe-living	Contest for occupational schools
Germany	Integration of OHS into agricultural vocational education	Handbook for teachers in agricultural education
Germany	Better to be safe	Safety-related multimedia information and games
Great Britain	Check it out	Students experience workplace risks and employer relations
Ireland	Preventing the accidents of children and young people in agriculture	Safety rule (risk assessment and implementation rule)
Italy	The school adopts a safer environment	Turn laws into practice in a company
Italy	Planning and testing the OHS's curriculum standards Integration of standard training modules related to	Integration of standard training modules related to safety
Swedish	In motor business, your job, your body, your life	Training on motor mechanics
Netherlands	Vocational Education System	Website providing information on specific sectors
UK	Young employees	Online sources for SME employers, work experience organizers and young people

Table 17) Workplace Approach-Good practice examples

1.5. Practices in Turkey

The Ministry of Labour and Social Security is well aware that the General Directorate of Occupational Health and Safety conducts many training and safety awareness-raising activities for children and adolescents, some of which are summarized below.

(2005-2007) is the Turkish partner of the Institute for Occupational Health and Safety Research and Development (ENETOHS) project of the European Occupational Health and Safety Information Network (ENETOHS) project conducted by the German Occupational Health and Safety Academy.

Within the scope of the project, which is the establishment of the ENETOHS Information Network and the attainment of EU standards in the OHS training, Seminars were held in order to raise the awareness of young people and educators about occupational health and safety towards the interactive healthy and safe life awareness pilot applications for elementary schools and vocational high schools. As a result of the joint studies with the Ministry of National Education, the integration of OHS information into the 6th and 7th grade textbooks of primary education was provided in 2006 (48).

A protocol on Cooperation in Occupational Health and Safety Education was signed between MoLSS-OSGGM and MoNE-General Directorate of Technical Education in 2009 in Vocational and Technical Education Institutions.

Goal; School managers in vocational and technical education institutions, workshop and vocational teacher teachers and learners to learn the right behaviour models in safe working, healthy life and occupational health safety as a reflex, informing the young people about the risks related to working life before they are taken into working life, Skills training to gain the right behavioural models, and creation of safe life consciousness today in future employees.

Ankara Mimar Sinan Construction Building Vocational High School and Istanbul Pendik Maritime Anatolian Vocational High School, who have trained personnel in high risk sectors as pilot schools, have been elected.

"Vocational and Technical Education Schools - Guidelines for Occupational Health and Safety" prepared by an OHS management system logic as well as educational studies in line with the aim of the protocol; The sample risk assessment studies conducted at pilot schools' workshops include checklists for hazards to be encountered not only in production but in the entire school area, and in forms for schools to establish registry and monitoring systems related to occupational health and safety, which is an important outcome of the guideline (49).

One of the main components of the Project for Enhancing the Quality of OHS Implementations in the GAP Region is the training needs analysis in the TRC1 Region and

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Preparation of the implementation plan. In this context, the effectiveness of the trainings that the OHS professionals, as well as the trainings they receive within the scope of the

legislation, will be assessed and a solution proposal for problem areas determined together with the stakeholders will be developed. However, as can be understood from the above explanations, it is necessary to integrate the common understanding, health and safety issues that are nowadays, particularly in countries with high OHS standards, at every stage of education. It has defined education and training as key elements in order to strengthen the cultivation of prevention in the sense of understanding. Taking this into account when preparing the implementation plan for the project, and having a positive culture of safety for the children and young people in the TRC1 Region and preparing actions for working life will be an important benefit for the Region.

In this context, taking into account the characteristics of the TRC1 Region and examining good practices in the integration of the OHS in EU countries;

- The project "Preventing accidents of children and young people in agriculture" by Ireland in order to prepare a document describing the control measures that will reduce or eliminate the risk of accidents in farms where accidents are high and to raise awareness of the families about the accidents involving children,
- Generally, in the technical schools where the old machines are used, the project of "making students safe" by Belgium in order to make unsafe machines safe, to make students aware of OHS and to increase cooperation between the student-teacher-business world and OHS authorities,
- The "OHS Passport" project, implemented by France, based on a system of certification (as an additional document to diplomas) that certifies the competence of all courses for which students are preparing and participating in specific courses of the OHS to integrate OHS skills into the vocational education system,
- The project "Young people want to live in trust", which has been implemented by Germany for many years and financed by business circles, aims to integrate OHS into the curriculum of vocational schools and to reach the target group with an attractive competition once a year,

can be considered as examples of work that can be taken.

III. FIELD

STUDIES 1- Visits

At the meeting held at the Group Directorate of GAP Regional Development Administration on 24.07.2016, Visits to the institutions and organizations mentioned in Table 17 in the provinces of Gaziantep, Adiyaman and Kilis have been carried out in order to inform about the project and to develop cooperation possibilities.

GAZİANTEP (25.07.2016)	GAZİANTEP (15- 16.08.2016)	ADİYAMAN (01.09.2016)	KİLİS (02.09.2016)
Governorship of Gaziantep	Gaziantep City	Trading Industry	Trade and Industry
	Council (2)	room	room
The Great City of Gaziantep municipality	OSGB	SSI Working City	SSI Working City
Gaziantep Work and Provincial Directorate of Labour Institution Gaziantep National Education Directorate	education Centre	Directorate	Directorate
Gaziantep SSI Province Directorate			
Gaziantep Science Industry And Technology City Directorate			
Gaziantep Industry room			
Gaziantep Trading room			
Gaziantep City Council			
Silk Road Development Agency			

Table 18) List of institutions / organizations visited in TRC1 Region

In the said visits, the "Project for Enhancing the Quality of OHS Implementations in the GAP Region" was generally welcomed with interest and a positive approach to co-operation.

In particular, Gaziantep Chamber of Commerce, Gaziantep Chamber of Industry, Gaziantep City Council (OSG Working Group), Adiyaman Chamber of Commerce and Industry, Kilis Trade and Industry

Beyond the cooperation of the Chamber, they expressed that they would give any kind of support to reach the objectives of the project.

In addition, Gaziantep City Council, OHS Working Group shared the "Problems and Solutions Proposal Report" with our project team.

In Gaziantep Province; The report prepared with the aim of bringing the social perception to the highest level in the OHS issue, establishing the awareness of OHS and ensuring settlement of this culture, developing the related projects, informing the employers about the production safety-productivity relationship and economic importance, is another example of the OHS practices It is a valuable resource for the Project of Enhancing Quality.

2-Meetings

A meeting was held in Gaziantep on 02.09.2016 with the aim of meeting with OSG service providers (OSGB) and OHS training institution representatives in TRC1 Region, giving information about the project and exchanging opinions.

The meeting was attended by 18 people outside the project team; Participants were asked their opinions about the OHS General Assessment, the approaches of the institutions they represent and the problems with the Region they are working in. Participants are often OHS professionals, so they have to be involved in the conversation, ensuring that the meeting is effective and efficient.

In the framework determined by the meeting manager, the ideas and opinions expressed by the participants are grouped and summarized below.

General Evaluation

The quality of the OHS services increases with education. Even if we take the results in the long walks, it is necessary to descend into the primary school curriculum and to form the safety culture of childhood age.

In order to obtain effective results in the field of OHS, co-ordinated work of the service provider, service provider and supervisory mechanism is essential.

Lack of Assessment

The inspections carried out in the sense of evaluating / measuring the OHS services are insufficient.

The persons involved in the audit system are insufficient in terms of experience, knowledge and number.

The assessment criteria used to measure OHS services are not qualified.

The emphasis on sector-based inspections makes the sectors other than the audit program insensitive.

Training Process of OHS Professionals

- Persons who will provide OHS services professionally should be given a longer and more effective education. The training process should be more challenging to give the title of expert. Especially the job safety specialist's training program is insufficient.
- Expertise documents received by job safety experts are considered inadequate by foreign partners. In addition, the National Examination Board in Occupational Safety & Health (NEBOHS) is seeking a certificate of participation in the Occupational Safety and Health Professional Certification program.
- Occupational safety experts need to be authorized in the sector. Experts who are not in the branches of the service sector decrease the quality of service.

Opinions of employees on the Training Process

- A significant number of employers have not shown enough interest in the issue of OHS training for employees. The lack of a standardized approach to OSGBs in this regard makes the training process even more negative.
- In particular, the training of new job-related personnel is not regularly provided. In order to solve this problem, it would be beneficial to establish a common training centre in İŞKUR or similar institutions and to give such trainings in these centres.
- The places reserved for training in the workplace are generally in bad conditions, which reduces both the motivation of the trainer and the employees.
- Vocational qualification training is very important but must be practical. Simulation techniques can be used for this.

Overall OSGB status

- The hospital-OSGB relationship causes unfair competition, poses a risk only to the survivors of the OSG providers and reduces the quality of service.
- It is not possible for OSGB employers to come together and cooperate under current competitive conditions.
- The failure to implement a quality management system or similar standard in OSGBs causes each OSGB to provide different types of services and documentation. The service quality will also increase if OSGBs are required to be standardized.

Field Applications

- Providing technical and / or financial support for businesses that take corrective and preventive measures (e.g. scaffolding, ventilation, etc.) in businesses in very dangerous classes will encourage them to be involved in the process.
- Syrian nationals in the GAP region are potential candidates for employment. Syrian workers increase informal employment and there is a language problem with those insured. This problem is increasingly growing and disrupting business safety integrity in businesses.
- Inadequate number of laboratories in the area of measurement, testing and inspection

and high prices make them reluctant to fulfil their obligations and the quality of OHS services is low. Laboratories that are accredited in the region and serving at reasonable prices are needed.

- Much time is spent on document preparation and recording in OHS services given on the shelf. The national and dynamic software to be integrated into the OHS-clerk system will enable the experts to gain a significant amount of time and allocate more time to preventive services.
- It is observed that employers and employees are more sensitive about OHS in firms that implement OHS management system. This situation brings more comfortable and quality service. Workplaces need to be supported for such applications.
- Workplace medicine and other healthcare personnel services should be directed at need.
- There is little coordination between the workplace physician and the work safety specialist.
- The introduction of incentive and reward systems that will enable good service to be distinguished from inadequate service in field applications will make a filtration effect on the process.

3- Polls

In the TRC1 region, questionnaires were developed in order to identify problems in terms of OHS legislation and applications and to receive feedback on resolving these problems and to implement the project with employers and OHS professionals (workplace physician, job safety specialist and other health personnel) from the target groups of the project. Samples of prepared questionnaire forms are included in the Appendix (Annex-1, Annex-2, Annex-3, Annex-4).

Surveys are being implemented in the electronic environment to reach a wider audience as well as face-to-face implementation by the project team. (www.isg-ukap.org)

REFERENCES

- (1) <http://www.resmigazete.gov.tr>
- (2) <http://www.ab.gov.tr> -Avrupa Birliđinin Geniřlemesi
- (3) <http://www.ilo.org/ankara/conventions-ratified-by-turkey>
- (4) WHO Global Plan of Action on Workers' Health, WHA 60.26, 2007
- (5) Tarhan Ü, AB İř Sađlıđı ve Güvenliđi Stratejisi ve Ülkemizdeki Geliřmeler, 2007 (Temmuz) MESS Mercek Dergisi
- (6) <http://ec.europa.eu/social/main.jsp?catId=151> -EU Occupational Safety and Health (OHS) Strategic Framework 2014-2020
- (7) http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/policy/wcms_107535.pdf -Global Strategy On Occupational Safety And Health
- (8) Plan of Action (2010-2016), to achieve widespread ratification and effective implementation of the occupational safety and health instruments (Convention No. 155, its 2002 Protocol and Convention No. 187)
- (9) http://212.175.131.61/www.isggm.gov.tr/htdocs/files/Ulusal_isg_politikalari.pdf - T.C. Ulusal İř Sađlıđı ve Güvenliđi Politika Belgesi (2006-2008)
- (10) www.ttb.org.tr/kol/is/images/stories/file/isgii.doc T.C. Ulusal İř Sađlıđı ve Güvenliđi Politika Belgesi II (2009 – 2013)
- (11) www.csgeb.gov.tr/media/1766/ulusal_isgpolitikabelgesi.pdf - Ulusal İř Sađlıđı ve Güvenliđi Politika Belgesi – III ve Eylem Planı 2014-2018
- (12) Onuncu Kalkınma Planı 2014-2018, İstihdam ve Çalıřma Hayatı Özel İhtisas Komisyonu Raporu (53-55. syf.; 81-83. syf.)
- (13) Onuncu Kalkınma Planı 2014-2018 (47. syf.)
- (14) <https://osha.europa.eu/tr> - Legislation, EU Guidelines
- (15) <https://osha.europa.eu/tr> - Legislation, EU Standards
- (16) <http://www.ilo.org/safework/info/standards-and-instruments/codes> - Codes of Practice (Occupational Health and Safety)
- (17) <http://www3.csgeb.gov.tr/csgebPortal/isggm.portal> - Kontrol Listeleri
- (18) <http://www3.csgeb.gov.tr/csgebPortal/isggm.portal?page=yayinlar>
- (19) <https://www.tse.org.tr/tr/icerikdetay/2/1/tse-nin-kurulusu.aspx>
- (20) <http://www.isgip.gov.tr/yayinlar> – OHSİP 1 Rehberleri
- (21) Harici iş sađlıđı ve güvenliđi hizmetlerinin kalitesinin artırılması, MATRA projesi (MAT 08/TR/9/2), Final Raporu (2011)
- (22) http://www.csgeb.gov.tr/media/2041/proje_2011.pdf
- (23) <http://www.osgbhisip.gov.tr/html/proje-tanitimi>
- (24) The Use of Occupational Safety and Health Management Systems in the Member States of the European Union, 2002
- (25) Global Estimates Of Occupational Accidents and Fatal Work-Related Diseases In 2014.
- (26) http://ec.europa.eu/eurostat/statistics-explained/index.php/Accidents_at_work_statistics
- (27) <http://laborsta.ilo.org>
- (28) <http://epp.eurostat.ec.europa.eu>
- (29) http://www.sgk.gov.tr/wps/portal/sgk/tr/kurumsal/istatistik/sgk_istatistik_yilliklari, 2013 Yılı
- (30) http://www.sgk.gov.tr/wps/portal/sgk/tr/kurumsal/istatistik/sgk_istatistik_yilliklari 2014 Yılı
- (31) <http://www.oiraproject.eu/> Online Interactive Risk Assessment – OiRA
- (32) Türkiye 81 İl Sanayi Durum Raporu, Sanayi Genel Müdürlüđü, 2015
- (33) http://www.isgum.gov.tr/rsm/file/isgdoc/isgip/isgip_insaat_2_RA.pdf KOBİ'ler için İř Sađlıđı ve Güvenliđi Yönetim Rehberi: Risk Deđerlendirmesi, OHS Performans İzleme ve Sađlık Tehlikeleri-İNŞAAT SEKTÖRÜ
- (34) <https://madencilikhaberleri.files.wordpress.com/2015/04/altan-c3a7etinkal-metal-sanayisinde-isg.pdf>, Altan Çetinkal, Metal Sanayinde İř Sađlıđı ve Güvenliđi
- (35) Dr. Buhara Önal, Prof. Dr. Ali Naci Yıldız, Metal İşkolunda Meslek Hastalıkları, Türk Metal, 2014

- (36) http://www.isgum.gov.tr/rsm/file/isgdoc/isgip/isgip_metal_2_RA.pdf, KOBİ'ler için İş Sağlığı ve Güvenliği Yönetim Rehberi: Risk Değerlendirmesi, OHS Performans İzleme ve Sağlık Tehlikeleri-METALSEKTÖRÜ
- (37) Fatih UĞURLU Tekstil Sektöründe İş Sağlığı ve Güvenliği, İş Müfettişi Yardımcılığı Etüdü, Adana-2011
- (38) Melih AKKOYUN, Gıda Sektöründe Yer Alan İşyerlerinde İş Sağlığı ve Güvenliği Uygulamaları, İş Müfettişi Yardımcılığı Etüdü, Bursa-2013
- (39) Kauçuk ve Plastik Ürünler İmalatı İş Kolunda Risk Esaslı Programlı Teftiş, 2013
- (40) <http://www.tasova.eu/isg/tasocaklari.pdf> Taş Ocaklarında İş Sağlığı ve Güvenliği El Kitabı, Lefkoşa, 2009
- (41) İşler M.C., İş Sağlığı ve Güvenliği Eğitimleri İle Güvenlik Kültürünün İş Kazası Ve Meslek Hastalıklarının Önlenmesindeki Etkisi, İş Müfettişi Yardımcılığı Etüdü
- (42) Komşu U.C., Akademik Sosyal Araştırmalar Dergisi, Yıl: 1, Sayı: 1, Aralık 2013, s. 286- 299
- (43) <http://myk.gov.tr/index.php/tr/myk-meslek-yeterlilik-belges-zorunluluu-sayfasi>)
- (44) http://portal.myk.gov.tr/index.php?option=com_yeterlilik_ara&yeterlilik_belge_zorunluluk_durum=1
- (45) Gaziantep Sanayi Odası, Stratejik Plan 2014-2017
- (46) <http://archive.beswic.be/en/topics/osheducation/rome.stm>
- (47) Mainstreaming occupational safety and health into education: good practice in school and vocational education, May, 2004
- (48) Kapusuz, S. Türkiye Kazaların Çevresel ve Teknik Araştırması 1. Ulusal Çalıştayı (13-15 Haziran 2007, Ankara)
- (49) Mesleki ve Teknik Eğitim Okulları-İş Sağlığı ve Güvenliği Rehberi, 2011



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PROJECT OF IMPROVING THE QUALITY OF OHS IMPLEMENTATIONS IN GAP REGION

EMPLOYER

SURVEY





**PROJECT OF IMPROVING THE QUALITY OF OHS
IMPLEMENTATIONS IN GAP REGION**

EMPLOYER ASSESSMENT QUESTIONNAIRE

Dear participant,

The various risks posed by the working environment in which a significant portion of life is spent threaten the health and safety of employees. Occupational health and safety of employees (Investigating OHS cases, determining working environment conditions and harmful risk factors to health, assessing them and taking necessary precautions is the basis of OHS services, contributing to the development of these services at the regional and national level under the leadership of the GAP Department. You can support this survey to improve the quality of OHS applications.

You do not need to specify a name when filling out the questionnaire. The completed questionnaires will not be evaluated individually, but the statistical data obtained as a result of the overall evaluation will be made into a research report. The results of the survey will be used for the development of occupational health and safety in our country.

If you have more than one business that you already own, please fill out the questionnaire for each business separately so that you can make the appropriate contribution for the purpose of your work.

REPLY QUESTIONS BY MARKING THE "X" WHICH IS POSSIBLE FOR THE BEST RESPONSE.

You can reach your questions at anket@isg-ukap.org

Once you have filled in the questionnaire, put your questionnaire, the envelope given to you in a way that no one will see your answers, and affix the envelope to the person concerned.

Thank you for your participation.

A. BASIC INFO

1. City of establishment

- a) Gaziantep
- b) Adiyaman
- c) Kilis

2. Your title:

- a) Employer
- b) Employer Representative

3. Date of birth:

4. Gender

- a) Male
- b) Female

5. Education

- a) Primary education
- b) High School
- c) Associate Degree (Department:))
- d) Bachelor's Degree (Faculty/Dept.:))
- e) Master's
- f) Doctorate's

6. How many employees do you have?

- a) 1
- b) 2
- c) 3
- d) 4+

7. Main sector of activity (construction, textile, mining, furniture, transportation, etc.):

.....

8. Main sector of activity (furniture frameworks, painting, lacquer, etc.):

.....

9. How do you define your job?

- a) Full year job with fixed-period work
- b) Seasonal job of winter/summer times
- c) Contract-based variable work

10. What is the number of full-year workers of yours?

- a) 1-9
- b) 10-49
- c) 50-249
- d) Over 250

11. What is the number of seasonal or contacted employees of yours?

- a) 1-9
- b) 10-49
- c) 50-249
- d) Over 250

12. Indicate the hazard class of your business (Indicate with number in parenthesis if you have more than one workplace):

- a) Less Dangerous ()
- b) Dangerous ()
- c) Very dangerous ()

EMPLOYER ASSESSMENT SURVEY



13. Please mark on the table below how OHS practices are conducted at your business.

	You have an OHS employee	Outsourced OHS Services
Occupational Safety		
Workplace		
Other Health Personnel		

B. WORKPLACE HEALTH AND SAFETY PRACTICES

14. Does the business have a documented risk assessment file?

- a) Yes
- b) No
- c) No information

(Please answer question 19 if you marked No or No information)

15. Has the Risk Assessment Team been established in the workplace?

- A) Yes
- B) No
- C) I have no knowledge

16. Can you participate in risk assessment activities as employer / employee?

- A) Yes
- B) No
- C) I have no knowledge

How do you evaluate the impact of OHS developments on your business based on the risk assessment results?

- a) Very positive impact
- b) Positive impact
- c) Partial impact
- d) No impact

18. Which one of the following is suitable for your workplace to meet the risk assessment proposals made by OHS professionals (work safety specialist, workplace physician)?

- a) Immediate fulfilment
- b) A priority order is taken into account based on the risk assessment results.
- c) A specific priority order is taken into account, taking into consideration the costs.
- d) Partly fulfilled by the fact that the costs are high.
- e) Cannot be fulfilled due to high costs.

19. In which way is the employee representative / representative chosen at your workplace?

- a) Assigned by election
- B) A union representative is appointed
- C) We are acting as management

20. Are opinions of the employee representative / employees involved in the measures taken at your workplace?

- A) Yes
- B) No
- C) Partially

21. Are the necessary measurements / analyses / tests carried out at your workplace regarding the supervision of the work environment and the periodic checks of the work equipment?

- A) Yes
- B) No
- C) Partially
- D) No knowledge

22. If your workplace does not measure the monitoring of the working environment, which of the following are the most important reasons? (If you mark more than one option, rate them by giving the most important cause - 1 -.)

- A) lack of accredited institutions / facilities to receive services that make measurements
- B) The measurements are very costly
- C) Disrupting production / service
- D) Other: Explain

23. Is there a system for notification of accidents at the workplace?

- A) Yes
- B) No
- C) No knowledge

24. If you have a notification system for overturned accidents, is the current system effectively used by employees?

- A) Yes
- B) No
- C) Partially
- D) I have no knowledge

25. If there is an OHS Board in the workplace; Are board decisions effectively implemented?

- a) Yes
- b) No
- c) Partially
- d) No knowledge

26. Do your employees actively participate in OHS activities?

- a) Yes
- b) No
- c) No knowledge

27. Do you think that working representatives have a positive effect on OHS work??

- a) Yes
- b) No
- c) Partially
- d) No knowledge

28. How do you generally evaluate employees' sensitivity to OHS issues?

- a) Sensitive
- b) Partially sensitive
- c) Insensitive

29. Do you have any difficulties in applying OHS legislation in the workplace?

- a) Yes
- b) No
- c) Partially



30. If you are experiencing a difficulty with the implementation of OHSAS Regulations, which of the following is the most important issue for you? (If you check more than one option, rate the most important cause -1 - by ordering)

- a) The weight of the bureaucratic procedures brought by the legislation ()
- b) Employees should be reluctant to participate in the application ()
- c) Expert Deficiency ()
- d) Employer reflected costs ()
- e) Lack of technical support and guidelines ()
- f) Other, please explain:.....

31. Are employees involved in occupational health and safety training?

- a) Yes
- b) No
- c) Partially
- d) No knowledge

32. Are opinions of employees' representatives / employees taken while creating a training plan?

- a) Yes
- b) No
- c) Partially
- d) No knowledge

33. Who are the trainers?

- a) Persons with suitable qualifications in the workplace (workplace physician, work safety expert etc.)
- b) Outside training is being purchased
- c) Coordinated training both internally and externally.

34. With which methods are the trainings applied?

- a) Only theoretical
- b) Theoretical and practical
- c) Only Applied
- d) No knowledge

35. What are your thoughts about the impact of the trainings on the OHS conditions in your workplace (such as accident, illness, absenteeism)?

- a) Very important
- b) Important
- c) Unimportant
- d) No effect
- e) No knowledge

36. Is resource planning for OHS activities at your workplace? If so, what is the approximate cost of your OHS activities (education, technical measures, PPE etc) within the past year, excluding workplace physician and job safety specialist fees?

- a) N/A
- b) 500-1000 TL
- c) 1001-2500 TL
- d) 2501-5000 TL
- e) 5001-10000 TL
- f) Over 10000 TL

37. If you are doing budgeting and resource planning for OHS, do you have enough resources?

- a) Yes
- b) No
- c) Partially

38. How do you determine your need for OSG resource planning?

- a) Expenses that I have earned in previous years
- B) the work program offered by the OHS professionals
- C) In accordance with information from the purchasing units
- D) I set an estimated value

39. How do you follow the OHS related procurement process?

- a) Self-research and decision-making
- b) My managers responsible for purchasing investigate
- c) In the guidance of OHS professionals, purchasing managers search and decide
- d) OHS decision to investigate myself under the guidance of professionals
- e) Deciding on the cheapest

40. Ventilation, machine protectors, closed system operation, etc. Which is the most appropriate expression for approaching your workplace in terms of technical measures that require higher investment partly?

- a) We take such measures without regard to cost
- b) We can not take such measures because of our financial resource constraints
- c) Personal protective measures are sufficient
- d) Other

Which of the following is the most important challenge your workplace has to face in terms of fire safety?

- a) Lack of training
- b) Personal Protective Equipment Imperfection
- c) Lack of Knowledge and Expert
- d) Lack of fire prevention systems due to their cost

42. Does your workplace have an emergency plan?

- a) Yes
- b) No
- c) No knowledge

43. If your workplace has an emergency plan, have written mandates been made about emergencies?

- a) Yes
- b) No
- c) No knowledge

44. According to you, for what reason / why is work health and safety important in your workplace? (If you mark more than one option, rate the most important cause by giving -1-, respectively)

- a) To fulfil legal requirements ()
- b) Protecting the Operator ()
- c) Customer Request ()
- d) Supervision Print ()
- e) Protection of Employees ()
- f) Pressure from employers and representatives ()
- g) Other.....

45. Are there any management system standards in your workplace?

- a) Yes
- b) No
- c) No knowledge



46. If your workplace has a management system standard, what standards / standards are applied below?

- a) A) OHSAS 18001 - Occupational Health and Safety Management System
- b) ISO 9001 Quality management system
- c) ISO 14001 Environmental Management System
- d) Other

47. If so, are the sub-employers' OHS practices checked?

- a) Yes
- b) No
- c) No knowledge

48. Do you evaluate the performance of OHS professionals working at your workplace?

- a) Yes
- b) No
- c) No knowledge

49. Which of the followings do you think about your OHS professionals who work at your workplace?

- a) I think they have good coordination between themselves and employer representatives.
- b) They all work separately in their task areas, I think coordination is weak.
- c) I think there is no coordination between them.
- d) Other

50. Do you think you need training as an employer / employer? Which of the following are the ones you need if you think?

- a) I don't think so.
- b) Occupational Law
- c) OHS Regulation
- d) Risk Assessment
- e) OHS Administration System
- f) Communication techniques
- g) Other,

51. If you are receiving external OHS services, which of the following reflects your thoughts on these services?

- a) I would continue to receive services even if there is no legal obligation
- b) I would not receive services if it was not legally obligatory
- c) Cannot decide

52. Remarks

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THE PROJECT OF IMPROVING OHS IMPLEMENTATIONS IN GAP REGION

WORKPLACE DOCTOR

SURVEY FORM





**PROJECT OF IMPROVING OHS IMPLEMENTATIONS ON GAP
REGION**

WORKPLACE DOCTOR SURVEY

Dear participant,

The various risks posed by the working environment in which a significant portion of life is spent threaten the health and safety of employees. Occupational health and safety of employees (Investigating OHS cases, determining working environment conditions and harmful risk factors to health, assessing them and taking necessary precautions is the basis of OHS services, contributing to the development of these services at the regional and national level under the leadership of the GAP Department. You can support this survey to improve the quality of OHS applications.

You do not need to specify a name when filling out the questionnaire. The completed questionnaires will not be evaluated individually, but the statistical data obtained as a result of the overall evaluation will be made into a research report. The results of the research will be used in the development of occupational health and safety in our country.

If you have more than one business that you are currently servicing, please fill out the questionnaire for each business separately so that you can make the appropriate contribution for the purpose of your work.

3

Answer the questions with the most appropriate option for your situation.

You can send your questions at anket@isg-ukap.org

Once you have filled in the questionnaire, put your questionnaire, the envelope given to you in a way that no one will see your answers, and affix the envelope to the person concerned.

Thank you for your participation.

A

Place of establishment

- a) Gaziantep
- b) Adiyaman
- c) Kilis

2. Date of birth

3. Gender

- a) Male
- b) Female

4. Did you participate in workplace medicine training?

- a) Yes
- b) No
- c) (If No, please continue from question 8.)

5. Do you think that the training of workplace medicine is enough to fulfil your tasks??

- a) Yes
- b) No
- c) Partially

6. If your answer is No, which of the following are the main reasons why the training is not enough? (You can mark more than one)

- a) Trainers
- b) Materials used in trainings (Training Hall, Visual and written materials)
- c) Training Method
- d) Training content
- e) Other:

7. Which of the following is the most appropriate for your situation with regard to the internship application within the scope of the training?

- a) The internship was extremely helpful.
- b) The internship was useful but the time was not enough.
- c) The workplace environment where the application was made was not appropriate.
- d) The practitioner accompanying the practice did not.
- e) I could not continue my internship sufficiently.
- f) Other

B. SERVICE DURATION

8. The unit you work as a workplace physician is one of the following?

- a) OHSB
- b) OSGB
- c) TSM

9. Which of the following is your study group?

- a) Full time
- b) Part time

10. How many years have you been working as a business physician?

11. What is the business line you are working for??

- a) Textile
- b) Machinery
- c) Construction
- d) Food
- e) Mining
- f) Plastics and Rubber
- g) Other



12. Which hazard class is the workplace you are servicing?
- a) Less Dangerous
 - b) Dangerous
 - c) Very Dangerous
13. What is the total number of employees in your workplace?
- a) 1-9
 - b) 10-49
 - c) 50-249
 - d) 250+
14. Is a Management System Standard applied in your Workplace / OSGB? If so, which of the following / applies?
- a) N/A
 - b) ISO 9001 Quality Management System
 - c) OHSAS 18001 OHS Management System
 - d) ISO 14001 Environment Management System
 - e) Implemented, but I don't know which.
 - f) Other:.....
15. Are you evaluating your performance periodically at your workplace / OSGB and are the results shared with you?
- a) Yes
 - b) No
 - c) No knowledge

16. Does your workplace / OSGB provide adequate facilities for the implementation of the OHS service? Check on the table the ones you deem enough.

Requirement	Yes	No
Working Environment (infirmary, chamber of business safety specialist etc.)		
Equipment (Computer, Stationery, inspection tools, ambulance, etc.)		
Information support		

C. OHS IMPLEMENTATIONS

17. Based on your current experience, what is the most basic problem that complicates your OHS implementation in your workplace?

- a) The employer or his / her representatives are not involved in the process and do not follow the process
- b) Employee Representative / Employee absence
- c) The service provider does not have a management system
- d) Employer does not want to share information about service or production conditions,
- e) The employer does not allocate sufficient funds
- f) Other.....

18. How do you generally evaluate employers' sensitivity to OHS issues?

- a) Sensitive
- b) Partially sensitive
- c) Insensitive

19. How do you generally evaluate employees' sensitivity to OHS issues?

- d) Sensitive
- e) Partially sensitive
- f) Insensitive

20. If so, do you think your OHS Board works effectively?

- a) Yes
- b) No
- c) Partially

21. By which method are Employee Representatives appointed?

- a) Appointed by election
- b) Union Representative appoint
- c) Management appoints in writing
- d) I do not have enough information.

22. Do you think that employee representatives are a significant contributor to OHS activities?

- a) Yes
- b) No
- c) Partially

23. What path is being followed in preparing the annual work plan and evaluation report at the workplace you are serving?

- a) We prepare a work schedule under the headings specified in the meeting with the employer and its representatives, the work safety expert and the employee representative
- b) We are working with the job safety specialist and we approve other relevant persons.
- c) I am preparing, I approve to the job safety specialist and other related persons.
- d) We are all working together at the OHS board.

24. What is the most basic reason why you cannot implement the Work Health and Safety Work Plan??

- a) The plan is not fully widespread in the workplace
- b) the duties of the work plan are not fulfilled by the responsible persons
- c) The employer cannot take the time due to the workload
- d) Not allocating sufficient funds for the activities in the program to take place
- e) Other



25. Please indicate your closest consideration to the documentation (Instruction, Record, Instruction, Plan, Procedure) to be prepared in the context of occupational health and safety
- a) Documentation is not being prepared.
 - b) B) Documents are getting dusty in files
 - c) C) Documents are operated dynamically, directing service and knowing to the lowest level of employees
 - d) D) Documents are only followed by myself and a few administrators.
 - e) E) Documents often disappear in the workplace.

26. Do you participate in risk assessment studies?
- a) Yes
 - b) No
 - c) Partially

27. Mark the one closest to you for the Risk Assessment performed at your workplace
- A) Prepared due to obligation of legislation, not fulfilled
 - B) Partially updating and preventive actions are taking place.
 - C) They are used effectively and dynamically to minimize the risks.
 - D) Other, specify

27. What is the most challenging stage in Risk Assessment phase?
- A) Creation and operation of Risk Assessment Team
 - B) Data collection for site detection of risks
 - C) Risk analysis process
 - D) Planning and implementation of measures
 - E) There is no idea.

27. 29. How do you assess the impact of the measures taken according to the risk assessment on the improvement of OHS conditions in the workplace?
- a) Positive
 - b) Partially positive
 - c) Negative
 - d) No knowledge

28. Are the opinions of the employees concerned about the measures taken?
- a) Yes
 - b) No
 - c) Partially

29. Are employees informed of the measures taken?
- a) Yes
 - b) No
 - c) Partially

30. In the event of a work accident at your workplace, which of the following best describes your situation with regard to your participation?
- A) The employer informs us immediately and we follow up and evaluate with the work safety specialist.
 - B) The work safety expert will give information, we will follow up and evaluate with him.
 - C) Employees give me information and we follow up and evaluate with the job safety specialist.
 - D) I know soon after the accident, I watch the health condition of the person who lived.
 - E) Usually information is not given.

31. What difficult situations do you face in emergency management in your workplace? (You can answer more than one)

- a) Identification and Training of Support Staff
- b) Creation and approval of the Emergency Plan
- c) Realization of Emergency Exercises
- d) the management's lack of interest in the operation of Emergency Plans
- e) Employees' disinterest in the operation of Emergency Plans
- f) Lack of Adequate Emergency Equipment
- g) Other,

32. What is the situation with regard to the realization of Emergency drills?

- A) No emergency exercises
- B) The employer is away from the issue.
- C) The employer is concerned but can not take the time because of the workload.
- D) Sufficient emergency equipment is not provided for the exercise.
- E) The need for constantly changing endorsing training of support staff is emerging.
- F) Other, specify:

32. If adequate precautions are not taken in the workplace regarding fire safety, what are the reasons / reasons? (You can answer more than one)

- A) Requires too much material investment
- B) Employer's lack of awareness
- C) the lack of adequate hardware providers in the region,
- D) lack of information on OHS professionals
- E) The absence of compulsory sanctions for management, especially in organized industrial zones and sites
- F) Other:

OHS TRAINING

32. What path is being followed in the preparation of the Training Plan for the establishments you serve?

- A) We prepare the opinion together with the employee representative, the employer or the representative and the related units, together with the job safety specialist.
- B) We are working with the business safety specialist and we approve the other relevant persons.
- C) I prepare it, I approve it to the job safety specialist and other related persons.
- D) We are all working together on the OHS Board and are presenting it to the employer for approval.

33. What is the situation you are dealing with about the approach of employers / employers in allocating time to the training of employees?

- A) Training activities usually take place at the employer's request at the employee's rest periods
- B) Training activities take place during working hours
- C) Part of the training in the training activities is taken during the study period while the other part is taken during the rest.
- D) Not enough time for training.

34. Mark the most appropriate job training related to your new job at work.

- A) The responsible person in charge of the workplace gives information at the beginning of each work, and there are no untrained employees.
- B) We are given information on the job safety specialist, and we provide training together.
- C) We make the determinations together with the work safety expert and determine the untrained worker and provide training.
- D) The new worker can only work without training and participate in planned trainings.

35. Are appropriate tools, equipment, space available for OHS trainings at the workplaces you serve?

- a) Yes
- b) No



34. Are the occupational health and safety trainings evaluated and reported?

- a) Yes
- b) No

35. Which is the most important reason / reasons for disrupting the occupational health and safety training process of your employees? (If you mark more than one option, rate them by giving the most important cause - 1 -.)

- a) A) Time insufficiency ()
- B) Employer's training approach()
- C) Lack of required (space, tools and equipment) ()
- D) Lack of financial resources allocated for training ()
- e) Other:.....

D. OHS REGULATION

36. Do you think that the legislation of the employers you serve is sufficient?

- a) Yes
- b) No
- c) Partially

a) 37. Which of the following services and product purchases (PPE, laboratory services, emergency equipment, etc.) are required for employer behaviour in terms of occupational health and safety at the workplace you are serving?

- A) Definitely taken into consideration and included in the procurement process.
- B) The idea is taken but I do not know about the procurement process
- C) The idea is taken but it is not reflected in the application.
- D) Mostly, no opinion is asked.

37. Mark your closest attitude to employer about your suggestions for inappropriate situations at work / place of business.

- a) I make it written, corrective actions are being made
- B) I am writing, corrective actions are mostly not done.
- C) I make it written, I can not reach the employer.
- D) I can not make every determination and proposal written.
- E) I am bringing it to the agenda of the Board, I am debating it.f)
- Other:.....

38. What do you think about your identification and suggestion book? (You can mark more than one)

- A) I think it is an effective registration method.
- B) Ineffective registration method.
- C) I think there is a problem with the bookkeeping.
- D) The notebook can be kept by the employer.
- a) Other:

39. Can you stop work at the workplace where you need urgent intervention?

- a) Yes
- b) No
- c) Never seen such a situation

40. Do you have any official complaints about your employer's life-threatening situation during your service up to now so that you continue to work without lifting it?

- a) Yes
- b) No (Please explain why) Explanation

- c) No such situations.

E. HEALTH OBSERVATION

41. Are you able to cooperate effectively with other OHS Professions (Occupational Safety Specialist, Health Personnel, Other specialists) that you work with during health surveillance?

- a) Yes
- b) No

If no, please explain

.....

42. Under working environment surveillance and health oversight, which of the following best describes your situation?

- A) We exchange information and data with the business safety specialist.
- B) Occupational safety specialist does his / her own work, I do my own work, occasionally.
- C) When necessary, we only get together on a document basis.
- D) We have very poor communication.
- e) Other.....

43. Which of the following is / are required in regards to services or product providers under Occupational Health and Safety?

- A) Measurement laboratories
- B) PPE Suppliers
- C) OSGBs
- D) Biological monitoring laboratories
- E) Training Centres (First aid training, OHS training etc.)
- F) Other, indicate:

43. Are you able to organize your reports effectively by evaluating the suitability of your employees for employment and periodic health examinations?

- d) Yes
- e) No
- f) Partially

44. If your answer is No, which of the following / does it fit?

- A) The employer is not giving enough support.
- B) Employees show resistance.
- C) We cannot share enough information with the job safety specialist.
- D) I do not think I'm good at what tests I want.
- E) I think that the working period is not enough.
- F) Other

45. Which of the following is the most appropriate for your situation?

- A) I have difficulty in making the examinations.
- B) We have set up our own laboratory, and we are receiving services from outside for some tests.
- C) We are receiving services from the University.
- D) We are receiving services from the Ministry of Health hospitals.
- E) We receive services from the Community Health Centre.
- F) We receive services from a private health institution.

47. What do you think about the point of view of the workplace medicine?

- A) They mostly want to print medication.
- B) They think it is an advantage to be examined before going to the hospital.
- C) They think that I am working on health problems caused by appetite.
- D) If they have health problems, they are worried about their job.
- e) Other



46. What are the difficulties you have experienced in the diagnostic process of occupational diseases? (You can answer more than one)

A) The employer is prevented from sending it to the authorized hospital.

B) The employee authorized does not want to go to the hospital.

C) I can not get the necessary media measurements for the diagnosis of occupational disease.

D) I am having problems related to lack of interest and information at the level of SSI Provincial Directorate.

E) Occupational diseases board has not been established in authorized hospitals.

F) I do not get enough information after referral to a competent hospital.

Other:

Would you inform us of your findings and suggestions in order to increase the effectiveness of occupational health and safety services nationwide and specifically in your area?

Remarks.....

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Your survey is complete. Thank you for participating.



REPUBLIC OF TURKEY
MINISTRY OF DEVELOPMENT
SOUTHEAST ANATOLIA PROJECT

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THE PROJECT OF
IMPROVING OHS
IMPLEMENTATIONS IN GAP
REGION

OCCUPATIONAL SAFETY
SPECIALIST

SURVEY FORM





REPUBLIC OF TURKEY
MINISTRY OF DEVELOPMENT
SOUTHEAST ANATOLIA PROJECT
REGIONAL DEVELOPMENT ADMINISTRATION

OCCUPATIONAL SPECIALIST SURVEY

THE PROJECT OF IMPROVING THE QUALITY OF OHS IMPLEMENTATIONS IN GAP REGION

OCCUPATIONAL SPECIALIST SURVEY

Dear participant,

The various risks posed by the working environment in which a significant portion of life is spent threaten the health and safety of employees. Occupational health and safety of employees (Investigating OHS cases, determining working environment conditions and harmful risk factors to health, assessing them and taking necessary precautions is the basis of OHS services, contributing to the development of these services at the regional and national level under the leadership of the GAP Department. You can support this survey to improve the quality of OHS applications.

You do not need to specify a name when filling out the questionnaire. The completed questionnaires will not be evaluated individually, but the statistical data obtained as a result of the overall evaluation will be made into a research report. The results of the research will be used in the development of occupational health and safety in our country.

If you have more than one business that you are currently servicing, please fill out the questionnaire for each business separately so that you can make the appropriate contribution.

Answer the questions with the most appropriate option for your situation.

You can send your questions at anket@isg-ukap.org.

Once you have filled in the questionnaire, put your questionnaire, the envelope given to you in a way that no one will see your answers, and affix the envelope to the person concerned.

Thank you for your participation.

BASIC INFO AND EDUCATION

1. Place of establishment:

- a) Gaziantep
- b) Adiyaman
- c) Kilis

2. Gender:

- a) Male
- b) Female

3. Date of birth:

.....

4. Graduation faculty/department

...../.....

5. Did you participate in occupational safety training?

- a) Yes
- b) No

(If no, continue from the question 9.)

6. Do you think that job safety expertise training is enough to fulfil your tasks?

- a) Yes
- b) No
- c) Partially

7. If you think that job safety expertise training is not enough, what is the main reason / reasons for this? (You can mark more than one)

- a) Trainers
- B) Materials used in the trainings (Training Hall, Visual and written materials)
- C) Training Method
- D) Training content
- e) Other:

8. Which of the following is the most appropriate for your situation with regard to internship training in job safety training?

- a) The internship was extremely helpful
- B) The internship was helpful but the time was insufficient.
- C) The workplace environment where the application was made was not appropriate.
- D) The work safety expert who accompanied the application was not interested.
- E) I could not attend the internship program sufficiently.
- f) Other

B. SERVICE DURATION

9. What is the unit you work as a job safety specialist?

- a) OHSB
- b) OSGB
- c) TSM

10. Which of the following is your study group?

- a) Full time
- b) Part time



OCCUPATIONAL SAFETY SPECIALIST SURVEY

As an occupational safety specialist, how many years have you been working?

..... year(s)

12. Which is your field of work?

- a) Textile
- b) Machinery
- c) Construction
- d) Food
- e) Mining
- f) Plastics and Rubber
- g) Other

13. In which hazard class are your workplaces / establishments serviced? (You can mark more than one)

- a) Less Dangerous
- b) Dangerous
- c) Very dangerous

14. What is the total number of employees in your workplace?

- a) 1-9
- b) 10-49
- c) 50-249
- d) 250+

15. Is a Management System Standard applied in your Workplace / OSGB? If so, which of the following / applies

- a) N/A
- b) ISO 9001 Quality management system
- c) OHSAS 18001 OHS Management System
- d) ISO 14001 Environmental Management System
- e) Applied but I do not know what it is.
- f) Other:

16. Are you evaluating your performance periodically in the Workplace / OSGB and are the results shared with you?

- a) Yes
- b) No
- c) Partially

17. Does your workplace / OSGB provide adequate facilities for the implementation of the OHS service? Check the table for the ones you deem enough

Need	Yes	No
Working Environment		
Hardware (Computer, Stationery, Car, etc.)		
Software		

OCCUPATIONAL SAFETY SPECIALIST

C. OHS IMPLEMENTATIONS

18. According to your current experience, what is the most basic problem that complicates your OHS practices in your workplace?

- A) the employer or his / her representatives are not involved in the process and do not follow the process
- B) Employee Representative / Employee absence
- C) The service provider does not have a management system
- D) the employer's inability to share information on service or production conditions,
- E) The employer shall not allocate sufficient funds
- F) Other

18. How do you generally evaluate employers' sensitivity to OHS issues?

- a) Sensitive
- b) Partially Sensitive
- c) Insensitive

19. How do you generally evaluate employees' sensitivity to OHS issues?

- d) Sensitive
- e) Partially Sensitive
- f) Insensitive

20. If so, do you think your OHS Board works effectively?

- a) Yes
- b) No
- c) Partially

21. By which method are Employee Representatives appointed?

- A) Assigned by election
- B) Union Representative appointed
- C) Management is writing in writing
- D) I do not have enough information.

21. Do you think employee representatives are a significant contributor to OHS activities?

- a) Yes
- b) No
- c) Partially

22. What path is taken in preparing the annual work plan and evaluation report at the workplace you are serving?

- A) We prepare a work schedule under the headings determined in the guide, which we conclude with the employer / employer representative, workplace physician and employee representative
- B) We prepare it together with the Workplace Physician and we approve it to other interested persons.
- C) I am preparing, I approve to the workplace physician and other interested persons.
- D) We are all working together at the OHS board.

What is the most basic reason why you can not implement the Work Health and Safety Work Plan?

- A) The plan is not fully widespread in the workplace
- B) the failure of the responsibilities of the duties in the Work Plan to be fulfilled
- C) The employer can not take the time due to the workload
- D) Not allocating resources for the activities in the program to take place
- E) Other

22. Document publishing, monitoring, etc., at the workplace where you have served. Is there a method for situations?

- a) Yes
- b) No
- c) Partially

25. Documentation required in the context of occupational health and safety (Instruction, Record, Directive, Plan, Specify your closest thinker about the procedure)

- A) Documentation is not being prepared.
- B) Documents are getting dusty in files
- C) Documents are operated dynamically, giving direction to service and being known to the lowest level of employees
- D) Documents are only followed by myself and a few administrators.
- E) Documents often disappear in the workplace.

25. Mark the one closest to you for Risk Assessment at your workplace

- A) Due to the obligation of the legislation documented and not fulfilled
- B) Partially updated and preventive actions are being taken.
- C) They are used effectively and dynamically to minimize the risks.
- D) Other



23. What is the most challenging stage in the Risk Assessment phase?

- A) Creation and operation of Risk Assessment Team
- B) Data collection for site detection of risks
- C) Risk analysis process
- D) Risk rating process
- E) Planning and implementation of preventive measures
- F) Other:

23. Do you perform accident-root-cause analysis in your workplace?

- A) Yes
- B) No
- C) Partially

23. What difficult situations do you face when you deal with emergency management in your workplace? (If you mark more than one option, grade the most important cause - 1 -, respectively.)

- A) Identification and Training of Support Staff ()
- B) Creation and approval of the Emergency Plan ()
- C) Realization of Emergency Exercises ()
- D) Management's disinterest in the operation of Emergency Plans ()
- E) Indifference of employees on the operation of Emergency Plans ()
- F) Not having sufficient Emergency Equipment ()
- G) Other:

23. Adequate Employment in Your Workplace What is the most basic reason for the absence of emergency equipment? (Evaluate in general terms)

- a) Employer does not plan budget on the subject
- B) Employer's failure to supply adequate financial resources
- C) No qualified supplier
- D) Other:

- a) 24. Which is the biggest factor in your Emergency Exercises not being realized?
- b)
- c) A) The employer's stay away from the subject
- d) The employer can not take the time because of the workload

- C) the lack of adequate emergency equipment for the exercise
- D) continual change of support elements,
- E) Other:

24. Do you think that adequate precautions are taken regarding fire safety in the workplace?

- a) Yes
- b) No
- c) Partially

26. If you feel that you are not taking adequate precautions about fire safety in your workplace, what are the following / reasons? (If you mark more than one option, rate them by giving the most important cause - 1 -.)

- A) Requiring too much material investment ()
- B) Employer's lack of awareness ()
- C) Not having sufficient hardware provider in the region, ()
- D) lack of information on OHS professionals ()
- E) The lack of compulsory sanctions, especially in organized industrial zones and sites ()

D. OHS TRAININGS

25. What path is being followed in the preparation of the Training Plan at the workplace you are serving?

A) Employee Representative, Employer / Employee Representative and related units, taking into account the opinions of the business physician are preparing together.

B) We prepare it together with the Workplace Physician and we approve it to other interested persons.

C) I am preparing, I approve to the workplace physician and other interested persons.

D) We are all working together in the OHS Board, and then we approve the employer.

25. What is the situation you are dealing with about your employer's approach to staff training?

A) Training activities usually take place at the worker's rest periods at the employer's request

B) Training activities take place during working hours

C) Some of the training in the training is taken during the study period, while the other part is taken during the rest.

D) There is no time for trainings.

26. Mark the most relevant situation in your workplace where you are training new staff.

A) The responsible person in charge of the workplace is informed at the beginning of each work and the untrained worker does not work

B) I do not train and determine the unemployed worker with my own determination.

C) The new worker can only work without training and participate in planned trainings.

26. Are appropriate tools, equipment, space for your OHS training done at your workplace?

a) Yes

b) No

c) Partially

27. Are OHS trainings assessed and analysed for solid results?

a) Yes

b) No

c) Partially

28. What is the most important cause / cause of your employees' disruption to the health and safety education process? (If you mark more than one option, rate them by giving the most important cause - 1 -.)

A) Time inability ()

B) Employer's training approach ()

C) Lack of required materials (space, equipment and equipment) ()

) Lack of financial resources allocated for training ()

e) Other:.....

29. Which of the following is suitable for the employer's behaviour in the services and product purchases (PPE, laboratory service, emergency equipment, etc.) needed for occupational health and safety in the workplaces where you serve?

A) Definitely taken into consideration and included in the procurement process.

B) I do not know about the procurement process

C) The idea is taken but it is not reflected in the application.

28. Do you think that the legislation of the employers you serve is sufficient?

a) Yes

b) No

c) Partially



WORKPLACE SPECIALIST SURVEY

OCCUPATIONAL SAFETY SPECIALIST :

29. Check the closest thing to your employer's attitude about your proposals for inappropriate situations in the workplace.

- A) I am writing, corrective actions are being made
 - B) I make it written, corrective actions are not done.
 - C) I make it written, the employer does not.
 - D) I can not make every determination and proposal written.
- Why not write:

45. What do you think about your identification and proposal book? (You can mark more than one)

- A) I think it is an effective registration method.
- B) It is an ineffective recording method.
- C) It is continuously disappearing.
- D) It can be kept by the workplace.

45. Can you stop work at the workplace where you need urgent intervention?

- a) Yes
- b) No
- c) Never seen such a situation

46. Do you have any formal complaints about the services you have provided up to now that the employer continues to work without lifting the life-threatening situation?

- a) Yes
- b) Never seen such a situation
- c) No(Explain why).....

47. Can you cooperate effectively with other OHS Professions (Physician, Health Personnel, Other specialists) that you work with?

- a) Yes
- b) No(Explain why).....

48. If there is a job accident at your workplace, which of the following best describes the organization to be carried out?

- a) The employer immediately informs the OHS Unit, and we review and evaluate it together with the workplace physician.
- b) Employees give me information, we do follow-up and evaluation with the workplace physician.
- c) For urgent intervention, firstly the workplace physician and health personnel are informed and follow-up and evaluation with them.
- d) I am watching all the process, informing the workplace physician and health personnel for urgent intervention.
- e) Other.....

49. Under working environment surveillance and health oversight, which of the following best describes your situation?

- a) We exchange information and data with the business physician.
- b) The workplace doctors do their own work, I do my own work, sometimes we see each other.
- c) When necessary, we only get together on a document basis.
- d) We have a very weak contact.
- e) Other.....

50. Which of the following is / are needed in the context of OSG services or product providers?

- a) Measurement Laboratories
- b) PPE Suppliers
- c) OSGBs
- d) Periodic Inspection Institutions
- e) Training Centres (First Aid Training, OHS Training, etc.)
- f) f) Other.....



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THE PROJECT OF IMPROVING
THE QUALITY OF OHS
IMPLEMENTATIONS IN GAP
REGION

OTHER HEALTH
PERSONNEL SURVEY FORM





REPUBLIC OF TURKEY
MINISTRY OF DEVELOPMENT
SOUTHEAST ANATOLIA PROJECT
REGIONAL DEVELOPMENT ADMINISTRATION

OTHER HEALTH PERSONNEL SURVEY

PROJECT OF IMPROVING THE QUALITY OF OHS IMPLEMENTATIONS IN GAP REGION

OTHER HEALTH PERSONNEL SURVEY

Dear participant,

The various risks posed by the working environment in which a significant portion of life is spent threaten the health and safety of employees. Occupational health and safety of employees (Investigating OHS conditions, determining working environment conditions and harmful risk factors to health, assessing and taking necessary precautions is the basis of OHS services, contributing to the development of these services at the regional and national level under the leadership of the GAP Department. You may be able to support the quality of OHS applications by responding to this questionnaire.

You do not need to specify a name when filling out the questionnaire. The completed questionnaires will not be evaluated individually, but the statistical data obtained as a result of the overall evaluation will be made into a research report. The results of the survey will be used for the development of occupational health and safety in our country.

If you have more than one business that you are currently servicing, please fill out the questionnaire for each business separately so that you can make the appropriate contribution.

Answer the questions with the most appropriate option for your situation.

You can send your questions at anket@isg-ukap.org

Once you fill out the questionnaire form, you should submit your questionnaire forms, the answers to your questions in a way that no one will see, put in the envelope given to you, and affix the envelope.

Thank you for your participation.

BASIC INFO

1. Place of establishment

- a) Gaziantep
- b) Adiyaman
- c) Kilis

2. Date of birth

.....

3. Gender

- a) Male
- b) Female

4. Graduation faculty/department

...../.....

5. Have you attended other Healthcare Staff (DSP) training?

- a) Yes
- b) No

(If no, please continue from the question 8.)

6. Do you think this training is enough to fulfil your tasks?

- a) Yes
- b) No
- c) Partially

7. If your answer is No, which of the following are the main reasons for the lack of education? (You can mark more than one)

- a) Trainers
- B) Materials used in the trainings (Training Hall, Visual and written materials)
- C) Training Method
- D) Training content
- e) Other:

B. SERVICE DURATION

8. What is the unit you work as Healthcare Personnel?

- a) OHSB
- b) OSGB
- c) TSM

9. Which of the following is your study group?

- a) Full time
- b) Part time

10. How many years have you been working as Healthcare Personnel?

..... year(s)

11. What is the business line you are working for?

- a) Textile
- b) Machinery
- c) Construction
- d) Food
- e) Mining
- f) Plastics and Rubber
- g) Other



OTHER HEALTH PERSONNEL SURVEY

12. Which hazard class is the workplace you are servicing?

- a) Less dangerous
- b) Dangerous
- c) Very dangerous

13. What is the total number of employees in your workplace?

- a) 1-9
- b) 10-49
- c) 50-249
- d) 250+

14. Does your workplace / OSGB provide adequate facilities for the implementation of OHS services?
 Mark enough of what you see on the table

Need	Yes	No
Working Environment (infirmary, chamber of business)		
Equipment (computer, stationery, inspection tools, ambulance, etc.)		
Information support		

15. Do you apply a Management System Standard in your Workplace / OSGB? If so, which of the following / applies?

- mother
- B) ISO 9001 Quality Management System
- C) OHSAS 18001 OHS Management System
- D) ISO 14001 Environmental Management System
- E) Applied but I do not know what it is
- F) Other:

15. Are you evaluating your performance periodically in the workplace / OSGB and are the results shared with you?

- a) Yes
- b) No
- c) No knowledge

C. OHS IMPLEMENTATIONS

16. Based on your current experience, what is the most fundamental problem that makes your OHS practice difficult for your workplace?

- a) The employer or his or her representatives are not involved in the process and do not follow the process
- b) Employee Representative / Employee absence
- c) The service provider does not have a management system
- d) The employer does not want to share information about service or production conditions,
- e) Employer not allocating sufficient funds
- f) Other

17. How do you generally evaluate employers' sensitivity to OHS issues?

- a) Sensitive
- b) Partially sensitive
- c) Insensitive

18. How do you generally evaluate employees' sensitivity to OHS issues?

- d) Sensitive
- e) Partially sensitive
- f) Insensitive

OTHER HEALTH PERSONNEL SURVEY

19. If so, do you think your OHS Board works effectively?

- a) Yes
- b) No
- c) Partially

20. By which method are Employee Representatives appointed?

- a) By election
- b) By Trade Union Representative
- c) By management in writing
- d) I do not have enough knowledge.

22. Do you think that employee representatives are a significant contributor to OHS activities?

- a) Yes
- b) No
- c) Partially

23. What path is taken in the preparation of the annual work plan and evaluation report at the workplace you are serving?

A) The employer and its representatives, the workplace physician, the work safety specialist and the employee representative are all working together.

B) The business safety specialist and the workplace physician are working together, I am helping, and then we approve the other relevant persons.

C) I am preparing an occupational physician, I am helping, then I approve the work safety expert and other interested persons.

D) I am not aware of the process, I see documents after they are made.

e) Other

21. Is the Occupational Health and Safety Work Plan implemented effectively at your workplace?

- a) Yes
- b) No
- c) Partially

25. Please indicate your nearest thoughts on the required documentation (Instructions, Record, Instruction, Plan, Procedure) to be prepared in the context of occupational health and safety

- a) Documentation is prepared.
- b) Documents are placed and forgotten in folders
- c) Documents are being actively operated, giving direction to service, transmitting to the lowest level of employees.
- d) Documents often disappear in the workplace.
- e) Not enough knowledge.

22. Are you aware of Risk Assessment work at your workplace?

- d) Yes
- e) No
- f) Partially

How do you assess the impact of the measures taken according to the risk assessment on the improvement of OHS conditions in the workplace?

- a) Positive
- b) Partially positive
- c) Negative
- d) No knowledge

23. Are the opinions of the employees concerned about the measures taken?

- a) Yes
- b) No
- c) Partially



24. Are employees informed about the alien measures?

- a) Yes
- b) No
- c) Partially

30. In the case of work accidents at workplaces where you serve, which of the following best describes your situation with regard to your participation in the process?

- A) The employer informs immediately and provides immediate intervention and love together with the workplace physician.
- B) Provide business safety specialist information, provide immediate intervention and enthusiasm with the workplace physician.
- C) Employees provide information, together with the workplace physician, to provide immediate intervention and enthusiasm.
- D) I will be informed soon after the job accident, try to monitor the health condition of the person who was laid off.
- E) I usually do the emergency intervention, then we provide the OHS as a team.
- F) Other, specify

25. Do you have Emergency drills at your workplace?

- a) Yes
- b) No
- c) No knowledge.

26. Are adequate precautions taken for fire safety in your workplace?

- a) Yes
- b) No
- c) No knowledge.

D. OHS TRAININGS

27. What course is being followed in preparing the training plan for the workplace you are serving?

- A) The employer and its representatives, the employee representative, the work safety specialist, the workplace physician are both working together and I do not contribute.
- B) OHSB / OSGB staff are all working together, the employer approves.
- C) In the OHS board, employers are prepared and presented together.
- D) No knowledge

28. What is the situation you are dealing with about the approach of employers / employers to allocating time to employees' training?

- A) Training activities usually take place at the employee's recreation times at the request of the employer
- B) Training activities take place during working hours
- C) Part of the training in the training activities is taken during the study period while the other part is taken during the rest.
- D) Not enough time for training.

35. Mark the most relevant service for your training of new-start personnel.

- A) The responsible person in charge of the workplace informs OHSB / OSGB at every job and there are no unemployed employees.
- B) We provide training to uneducated employees by making determinations together with a business safety specialist and a workplace physician.
- C) The new worker can only work without training and participate in planned trainings.

36. Are appropriate tools, equipment, space for the OHS trainings established at the workplaces you serve?

- A) Yes
- B) No

29. Are the occupational health and safety trainings evaluated and reported?

- a) Yes
- b) No

30. What is the most important reason that disrupts the process of occupational health and safety education of employees??

- a) Insufficient consciousness of employees
- b) Training time is not enough
- c) Employer's training approach
- d) Lack of need (space, tools and equipment)
- e) Lack of financial resources allocated for training

E. HEALTH OVERSIGHT

39. Which of the following is / are needed in regards to services or product providers under Occupational Health and Safety?

- A) Environmental Measurement Laboratories
- B) PPE Suppliers
- C) OSGBs
- D) Biological monitoring laboratories
- E) Training Centres (First aid, OHS etc.)
- f) Other :.....

40. Do you have information about working environment measurements?

- a) Yes
- b) No
- c) Partially

31. If your answer is No, which of the following does it fit?

- a) No information provided.
- b) He is a business safety specialist, a workplace physician and he shares with me, but I do not understand.
- c) No media measurements are made.
- d) Other

32. Are you able to effectively organize your reports by entering employees and conducting periodic health examinations?

- a) Yes
- b) No

42. If your answer is No, which of the following / does it fit?

- A) The employer does not provide adequate support.
- B) Employees show resistance.
- C) We can not share enough information with the business safety specialist.
- D) I think that the period of the occupational physician is not enough.
- E) Other

43. Are you able to receive employer support so that regular inspections can be carried out within the scope of health and examinations of employees?

- a) Yes
- b) No

