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

FINAL REPORT

**GENERAL EVALUATION AND IMPLEMENTATION
PLANNING**

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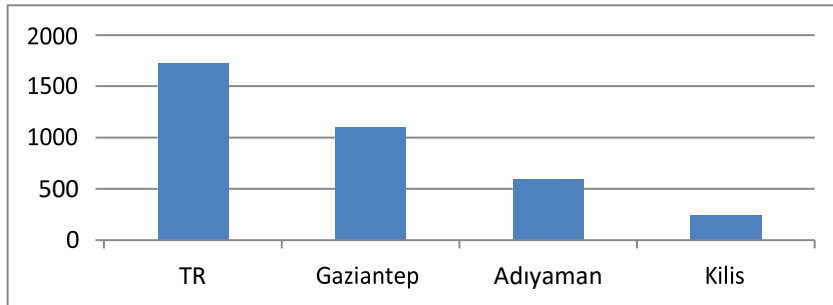
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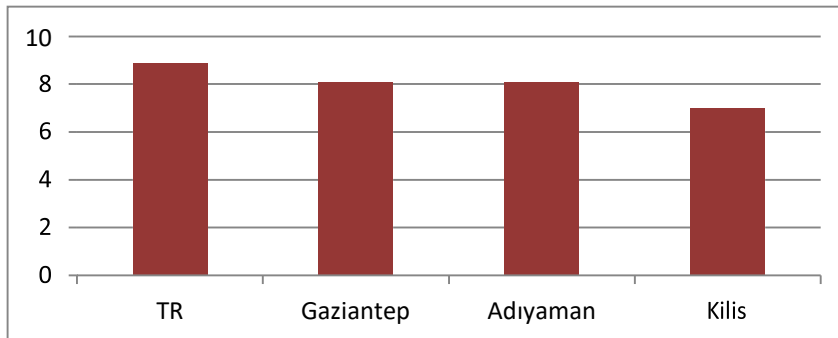
1.1. Statistical Evaluation of 2015 Annual OHS Data

According to the annual data from the SSI Statistical Yearbook of the year 2015 published in November 2016, the following information can be seen;

- Number of employers: 1,740,187
- Number of compulsorily insured: 13,999,398
- Number of accidents: 241,547
- Number of deaths due to occupational accidents: 1252
- Number of occupational disease cases: 510
- Number of work days lost (including occupational diseases): 2,992,570.

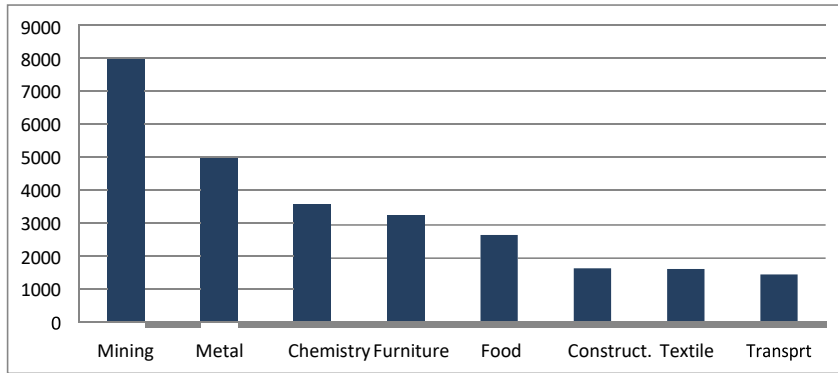


Graph 1) Breakdown of the 2015 Work Accrual Ratios (hundred thousand workers)

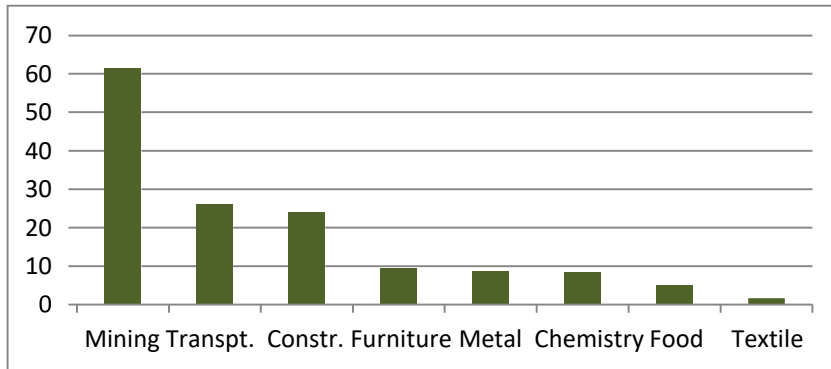


Graph 2) Distribution of Mortuary Work Income Rates in 2015 (in hundred thousand workers)

Since the sectoral distribution of the number of insured and mortally accidents with work accidents did not take place in the yearly, only an evaluation could be made for Turkey general and some activity groups related to this evaluation were merged.



Graph 3) Turkey in 2015: Percentage of Work Accident Rates in Hundred Thousand Workers by Sectors



Graph 4) Distribution of Mortgage Income Ratio in 2015 YEAR – Hundred Thousand Workers by Sectors

It is seen that the sectors that stand out in terms of the rates of work accidents and mortality accidents in Turkey are in line with the TRC1 priority sectors (Graph 3 and Graph 4). Considering its role in the number of establishments and employment, the transportation sector is also a very important sector for the TRC1 Region. However, due to its internal and external dynamics (such as the human factor, the structure of roads, traffic conditions, vehicle equipment, technological development, geographical and climatic conditions), there are many factors that affect the OSH conditions. For this reason, control over other sectors is very difficult and the solution of the problems requires cooperation of many institutions which are parties to the issue.

In the furniture sector, according to industrial registry records, in the sectoral distribution of industrial enterprises; 1% in Gaziantep, 4% in Adiyaman and 8% in Kilis (32).

SSI Statistical Yearbook According to the year 2015, in the furniture manufacturing sector (31) (furniture manufacturing); 275 workplaces registered in Gaziantep, 2246 employees; 49 workplaces in Adiyaman, 326 employees; Kilis has 7 employees and 49 employees.

However, in field studies in TRC1 Region; It is beneficial for the furniture sector to be included in the work of improving the OSH standards, taking into consideration that the emphasis is on working with machinery and equipment which are mainly from the technological front and not enough safety systems, risks borne by the industry and the work done within the scope of Occupational Health and Safety Improvement Project (ISGIP) Will be feasible.

1.2. Evaluation of Training and Consciousness-building Activities

Culture; It is a reflection of the behaviour of knowledge in a sense, and for this reason the concepts of education and culture are widely used together. The effectiveness of training and awareness activities varies depending on many factors. In this context, National, regional, local and even enterprise level, it is important that both the activities and characteristics of the enterprises are planned by taking into account the qualifications and competences of the employees and using appropriate materials. The training of employers and employees as a result of proper behaviour patterns and the creation of a positive safety awareness requires long-term and comprehensive work.

The 1st and 2nd Intermediate Report are mentioned extensively in terms of education and cultural importance. In the direction of the information and findings obtained from literature surveys and field applications, examples and suggestions for regional needs are explained below:

1.2.1. Training of OHS Professionals

We can define OHS professionals as OHS executives or OHS service providers with professional competence. OHS; Technical, medical, social and legal areas, and is associated with a wide range of disciplines as it provides an interface between technology and health and safety. The trend is to mobilize the skills of OHS professionals in a multidisciplinary team approach (2).

As OHS professionals in our national legislation; Nurses, health officers, emergency medical technicians and environmental health technicians are found in terms of work health and technical experts such as engineers and architects, technical teachers, physicists, chemists and biologists are included in terms of work safety.

OHS professionals have a key role in the prevention of the preventive approach based on preventive and risk assessment. In addition, it continues to have a mainly educational role in the training process of employees. For this reason, vocational qualifications of OHS professionals are of great importance.

Data obtained from the workshop and face-to-face interviews conducted in the region; Demonstrate that training programs implemented within the framework of legislation in order to certify OHS professionals need additional programs to ensure their professional development and that they do not fully meet the needs of the target group. In the training process of the employees; They did not have enough pedagogical formations or at least did not see themselves as sufficient because they did not include a program such as "training of trainers" and they did not usually get the expected return from trainings.

In survey applications; The question of whether OHS professionals are competent to carry out their duties in relation to their expertise;

22% of occupational safety experts, 45% of occupational physicians and 40% of other health personnel were satisfied. The "educational method" is the primary reason for not being adequate.

The system that the United States-OSHA implements for occupational health and safety programs is summarized below, with the exception that it is addressed to the needs listed above.

There is a national standard for occupational safety position in the United States (ANSI / ASSE Z590.2-2003 Criteria for Establishing the Scope and Functions of the Professional Safety Position). This standard; Has been prepared with the aim of assisting the institutions and organizations in determining the areas of responsibility of those who are employed in the job safety position or those who are taken out of service for this purpose and define the basic duty of the job safety position.

In the areas related to OHS and OSH, there are certificate programs and many universities with masters and doctoral programs. However, in order to become a professional in business safety, students are required to have a BS degree, MS degree, Ph.D. Obtaining diplomas is not compulsory.

US-Occupational Health and Safety Administration (US-OSHA)

Established by the Occupational Health and Safety Act (1970) OSHA's mission; To provide healthy and safe working conditions for all men and women by providing education, training, support and assistance by organizing and implementing standards (3)

The OSHA - Education Institute (OTI), the main unit of OSHA education; Federal and state compliance officers, state consultants, other federal agency staff, and private sector occupational health and safety education and training services. However, since the 1980s, both the private sector and the OSHA have seen considerable increases in educational demands from the Federal staff, and the capacity of OTI has been inadequate. In 1992, he started to cooperate with other education and training institutions to carry out the OSHA - Education Institute courses and created the OTI - Training Centres Program (4).

OTI - Training Centres; It is the national network of non-profit making organizations authorized by OSHA to provide occupational health and safety training to public and private sector employees, supervisors and employers on behalf of OSHA. At least one OTI Training Centre is available in each OSHA Region at this time. These centres play a crucial role in the realization of OSHA's national educational objectives and provide great added value in this area through occupational health and safety trainings.

Courses (Educational Programs); OSHA Standards covers OSHA Support Training Program Trainers Training and Update courses. The most popular courses are training programs for trainers, such as the OSH Standards Training Course for the General Industry and the OSH Standards Training Course for the Construction Industry, to ensure that trainers comply with

developments in occupational health and safety and emerging standards

Purpose and update courses have also been developed. In addition, many courses such as machine protectors, access to enclosed spaces, electrical standards, record keeping, anti-fall systems are organized.

Within the framework of the OSHA Support Training Program; Trainings are given to employees and employers about recognizing, avoiding, reducing and preventing health and safety hazards in workplaces and these programs are voluntary.

This program allows employees to participate in 10-hour or 30-hour lectures given by OSHA-trained instructors. For the 10-hour course entry level, the 30-hour course is more suitable for those with safety responsibilities.

In this scope; Four areas have been identified, namely Construction (Construction), Maritime Industry, General Industry and Disaster Zones (for example, for workers who work in demolition, debris removal, heavy machinery operation, natural or man-made disasters).

Below is a list of the active general courses of an OSHA-accredited training centre (6):

Atlantic OTI- Rutgers Public Health School

- 10-hour Provision of OSHA Conditions in the Construction Industry
- 10-hour General Industry Providing OSHA Conditions
- 30-hour OSHA Construction Support Training
- OSHA 2055 Construction Cranes
- OSHA 2225 Respiratory System Protectors
- OSHA 2255 Principles of Ergonomics (formerly OSHA 2250)
- OSHA 2264 Closed Areas
- OSHA 3015 Excavation, Trenching and Soil Mechanics (former OSHA 3010)
- OSHA 3095 Electrical Standards
- OSHA 3115 Anti-Dumping (formerly OSHA 3110)
- OSH 500 OSH Trainer for Construction
- OSHA 501 OSH Trainer for General Industry
- Updating for OSHA 502 Construction Support Trainers
- Update for OSHA 503 General Industry Support Trainers
- OSH 510 Construction Standards
- OSHA 511 General Industry OSH Standards
- OSHA 521 OSHA Guidelines for Industrial Hygiene
- OSH 5400 OSH Standards Training Course in Maritime Industry
- OSHA 5402 Maritime Industry Support for Trainers Update
- OSHA 5410 Maritime Standards
- OSHA 5600 Disaster Area Worker Trainer Training

- OSHA 5602 Update for Disaster Zone Worker Trainers
- Introduction to OSHA 7100 Machine and Machine Protectors
- OSHA 7115 Locking / Labelling
- OSHA 7125 Flammable Dust Hazards Seminar
- OSHA 7500 Introduction to Health and Safety Management
- OSHA 7505 Event (Accident) Research / Review
- OSHA 7845 Record Keeping Rules

The Atlantic OTI- Rutgers Community Health School also has the OSHA Health and Safety Specialist Certificate Program (7).

The Atlantic OSHA Training Centre was established as a result of the cooperation of various universities. The certification program is intended to provide a comprehensive health and safety expertise on OSHA regulatory standards and workplace hazards.

The program gives participants the opportunity to concentrate on the construction or general industry issues.

Construction

- OSHA 510: Occupational OSH or OSHA 500: Occupational Health and Safety Standards Training Course 2.
- OSHA 3015: Excavation, Ditching and Soil Mechanics
- OSHA 3115: Anti-Fall Protection Systems
- OSHA 7500: Introduction to Health and Safety Management
- OSHA 7505: Accident Investigation / Review

In addition, at least three of the following five requirements must be selected:

- OSHA 7600: Disaster Zone Workers
- OSHA 2264: Permissive Permits in Closed Areas
- Asbestos Inspector
- Lead Inspector / Risk Auditor
- OSHA 2055: Crane Safety

General Industry

- OSHA 511: General Industry OSH or OSHA 501: General Industry OSH Standards Training Course
- OSHA 521: OSHA Guidelines for Industrial Hygiene

- OSHA 2225: Respiratory System Protectors
- OSHA 7500: Introduction to Health and Safety Management
- OSHA 7100: Machine Protectors

At least two of the following three requirements must be selected:

- OSHA 2255: Ergonomics Principles (Work-related Musculoskeletal System and Nervous System Diseases)
- OSHA 2264: Permissive Permits in Closed Areas
- OSHA 3095: Electrical

At least two of the following three requirements must be selected:

- OSHA 7505: Accident Investigation / Review
- OSHA 7845: Record Keeping
- OSHA 7125: Flammable Dusts

Another example is the "Certificate Program for Specialist in Safety and Health (SSH)" organized by Arizona State University and is an entry-level professional certification program. The program is designed to provide an overview of health and safety issues as well as providing in-depth information on a selected specialty. SSH certification can be obtained in at least 6 months. Expertise options; Construction, General Industry, Occupational Safety and Occupational Health Services and the courses that are included in the program and which are obligatory to participate in are listed below (8).

Construction Industry - Health and Safety Expert

- OSHA 510 - OSHA Standards for the building industry
- OSHA 3015 - Excavation, Trenching and Soil Mechanics
- OSHA 3115 - Anti-Fall Protection
- OSHA 7415 - Construction Industry Hazards and Prevention Strategies
- OSHA 7845 - Record Keeping Seminar

General Industry - Health and Safety Expert

- OSHA 511 - OSHA Standards for General Industry
- OSHA 2255 - Ergonomics Principles
- OSHA 3115 - Anti-Fall Protection
- OSHA 7205 - Health Hazards Awareness
- OSHA 7845 - Record Keeping Seminar

Health Services - Health and Safety Expert

- OSHA 511 - OSHA Standards for General Industry
- OSHA 2255 - Ergonomics Principles
- OSHA 7000 - Safe Patient Transport Training Guide
- OSHA 7200 - Control of Blood Pathogenic Pathogens in Healthcare Facilities
- OSHA 7845 - Record Keeping Seminar

Occupational Safety Specialist

- OSHA 511 - OSHA Standards for General Industry
- OSHA 2255 - Ergonomics Principles
- OSHA 7500 - Introduction to Health and Safety Management
- OSHA 7505 - Introduction to Event / Accident Investigation
- OSHA 7845 - Record Keeping Seminar

Arizona University's "CSHO-Certificate Safety and Health Official Program" Level professional certification program. This program is designed to advance participants' knowledge of specific health and safety issues related to the chosen specialty. The CSHO certificate can be obtained within at least 12 months.

Participants can choose from specialty options (Construction, General Industry or Health) or complete more than one specialty. In order to be able to participate in the program, it is necessary to have the SHH document or to complete the related courses in the chosen field of specialization. CSHO certificate is taken by attending the following additional courses (9)

Construction Industry-Certified Health and Safety Authority

- OSHA 2264 - Entry Permits to Closed Areas
- OSHA 3095 - Electrical Standards and Hazards
- OSHA 7505 - Introduction to Event / Accident Investigation

General Industry-Certified Health and Safety Authority

- OSHA 2264 - Entry Permits to Closed Areas
- OSHA 3095 - Electrical Standards and Hazards
- OSHA 7505 - Introduction to Event / Accident Investigation

Health Services - Health & Safety Authority

- OSHA 2225 - Respiratory Protection
- OSHA 7105 - Evacuation and Emergency Preparedness
- TBD (to be determined later)

Occupational Safety

There is no Certified Health and Safety Authority program.

As can be seen from the examples above, trainings related to Construction Industry (from employee training to specialist training) are programmed independently from other sectors.

The most important reasons for this are;

- Construction works are usually short-lived and very dynamic.
- The sites are temporary, not permanent.
- Production is generally irreducible and the working conditions vary from workplace to workplace.
- In the construction sector, branching is very high and each has its own risks.
- There is more than one sub-employer in construction workplaces.
- Employees have a great deal of different levels of education and work experience.

All of these factors affect the service performance of OHS professionals and it is difficult for OHS experts and other professionals who are not particularly interested in the sector to keep an eye on the OHS risks by imagining the OHS schemes to be legally prepared. Taking these characteristics of the sector into consideration, seminars, training, etc. for OHS Professions serving in the TRC1 Region. Regulation of the programs will increase the quality of OHS services. Programs, according to the needs / priorities of the region; Work at high altitude, excavation operations, electrical hazards, etc. Risk analysis methodologies and practices for high-risk jobs and operations or for the sector, and preparation of OSH plans.

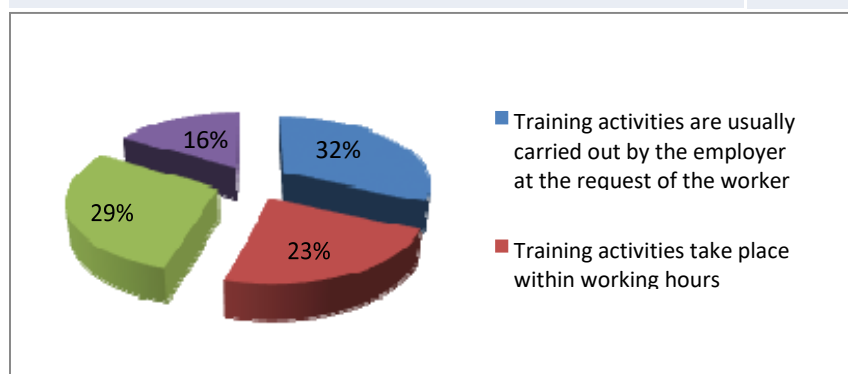
The dissemination of rubber and plastic products, which are evaluated within the chemical sector, to the sectors such as manufacturing, textile, food, metal and mining in similar timetable of similar applications will provide important contributions in achieving the targets set out in the ISG-UKAP Project.

1.2.2. Training of Employees

When the answers given to the OHS professionals and the employers 'responses to the' employee's 'sensitivity to OHS issues and questions about the education process' were evaluated, the following results were obtained:

How do you generally evaluate employees' sensitivity to OHS?	Sensitive %	Partly Sensitive %	Insensitive %
Employers	34	50	16
Business Safety Specialists (IGU)	6	63	30
Occupational physicians (IYH)	16	48	36
Other Health Personnel (DSP)	23	63	15

What is the situation you are encountering about your employer's approach to teaching staff time?	IGU-IYH-DSP Total Number	%
A) Training activities usually take place at the worker's rest periods at the employer's request	95	32
B) Training activities take place during working hours	68	23
C) Part of the training in the training activities is taken during the study period while the other part is taken during the rest period	88	29
D) There is no time for training	49	16



Graph 6) Percentage Distribution of the Employer's Approach to Time-outs of Employee Education

In the questionnaires applied to job safety experts and workplace physicians, when the average of the answers to the question asked about "the most important reasons that hinder the process of employee health and safety education of employees" is evaluated; The first reason was the employer's approach to education (35%) and the second reason was time inadequacy (31%)

In the direction of this data; It is possible to say that the OSH training of the employees is not implemented effectively and that the training is not enough to create the OHS consciousness.

Employees are the most important values that help the employer in achieving both business goals and fulfilling legal and ethical obligations to ensure and maintain a healthy and safe workplace. It is essential to provide training in all matters related to their work, including health and safety, in order to obtain qualified and efficient results from employees. Training is an excellent way for employees to learn new skills and knowledge and to strengthen good business practices, and it will also lead to positive changes in their work-related behaviour. Investing in employees' education will increase skills, knowledge, productivity and job satisfaction as well as reduced workplace accidents and incidents (10).

The preparation and implementation of an effective training program requires consideration of adult characteristics. Adults;

- They learn by doing and motivate themselves.
- They want to use the information they have obtained in their lives immediately.
- At best, learners learn when they are actively involved.
- Learning activities are more effective if they improve both technical knowledge and general skills.

They learn better if they do not only interact with the instructor but also interact with each other and participants are allowed to share work-related or other experience.

For this reason, the ability of the trainer is also very important in effective training for employees. Trainers; Should be able to promote safety culture, use educational activities to improve educational attainment, make changes in training titles based on the needs of the participants, and practice practical exercises to strengthen the messages they give.

The Fourth Training in Construction Focus, organized by the OSHA Educational Institute in the US under the Supported Education Program, is an important example of effective training for employees. This training includes; (Fall, Jam, Falling Crash, Electric Current Closure) each of which is selected as the focus in the construction industry. Each lesson plan was developed based on specific learning goals. Trainees should follow the participatory training model while using these learning objectives and training while planning their training (11).

The most important factor in creating this program is; The construction industry is the riskiest sector, mortality accidents are the most prevalent in this sector, and 60% of the inspections that OSHA has done involve work in construction work.

About the program "Construction Focus Four - Support Training Package"; (12) the need for and information on the various aspects of education, such as educational materials, the needs of the trainers, the participant model, the principles of adult education, the skills and future of education, the motivation of participants, the learning environment and needs,

At the end of an effective training based on the above-mentioned parameters, the

employees / participants should be informed about each topic title; It is expected that they will identify important and common hazards, identify hazard types, protect themselves against these hazards, and know the employers' obligations related to such hazards. (13)

In addition, OSHA carries out the "Anti-Fraud Campaign" in the first place in business accidents resulting in death in the construction industry and the fact that these accidents can be avoided. The campaign's main idea is to plan how to make the job safe, prevent the enemy from falling, provide the right equipment, and educate them about the correct use of the equipment. Goal; To increase the sensitivity of employees and employers to the danger of causing the fall and to inform them about how to prevent them. (14)

In 2006, the "Business Health and Safety Campaign for Construction" was organized in cooperation with the ÇSGB-İNTES- Union in our country and in 2007, ÇSGB-TMMOB Mine

"Workplace Health and Safety Campaign in the Mining Sector" was conducted with the cooperation of the Chamber of Engineers. Many campaigns, including training, were organized within the campaigns. Such initiatives are important tools for the development of social dialogue between the parties, as well as creating awareness in the whole society, especially the employees and employers.

Among the objectives of the campaign and the campaign of sectoral or specific risk campaigns in the TRC1 Region; Monitoring and evaluation of the results of the implementation of the programs using effective and necessary practical training methods by OHS professionals who are experienced in adult education and communication techniques will contribute to the development of OHS. In addition, training materials and methods should be developed in this direction considering the employment of increasing foreign workers in the region in recent years.

The method to be used in the training affects the quality of the training. Taking into account the participant profile, an appropriate choice can be made from methods such as on-the-job training, computer-based training, equipment use simulation, games, case study, training for awareness raising.

Risk prevention should become a common attitude. Control of health and safety issues and risks should be considered an essential element of life for all. It will be possible to educate employees and the consciousness that they can best protect their collective health and safety.

1.2.3. Training of Employers / Executives

When the OHS Code No. 6331 is examined; A systematic approach focused on preventive and continuous improvement seems to be taken as a basis. One of the most important tools to pass on this approach and to provide the development that we desire in reducing the occupational accidents and occupational diseases in our country is to disseminate OHS training and create a culture of occupational health and safety in all sections of the society in connection with this.

Communication / interaction between employers and employees is a very important factor in the success of the work to be done to create a culture that is sensitive and valued for health and safety issues in the workplace and there is great responsibility for employer / workplace management. The nature and importance of occupational health and safety in operating, especially due to the fact that small businesses are often managed by a proprietor rather than a professional management, and because of the operating conditions of the business owner and the dominant influence on employees, depends on its experience and evaluations.

Employers and / or managers are key players in creating a culture of safety at workplace level. In order to be able to create this, it is necessary to take the safety issue as a focal point and to ensure that the subject they are giving to the subject is perceived by the employees.

Establishing a strong safety culture in the positive direction within the organizational structure will provide significant contributions to the spread of safe behaviours in the workplace and the prevention of work accidents. The key to achieving success is the management and co-operation of employees and the continuous involvement of employees. Otherwise, it will not be possible for the regulations or activities to be achieved to be successful. Another factor that should be considered by the business management in the process of creating occupational safety and occupational safety culture is the fact that the safety culture requires a certain period of time to form or change. This necessitates a long-running business strategy. (15)

The involvement of managers in training and seminars, active surveillance in important safety-related processes, and the presence of effective communication in safety matters from top to bottom or from top to bottom within the organizational structure reflects management's involvement. The coherence, loyalty, incentive roles and motivations of the administrators are very important in terms of safety culture settlement. (16)

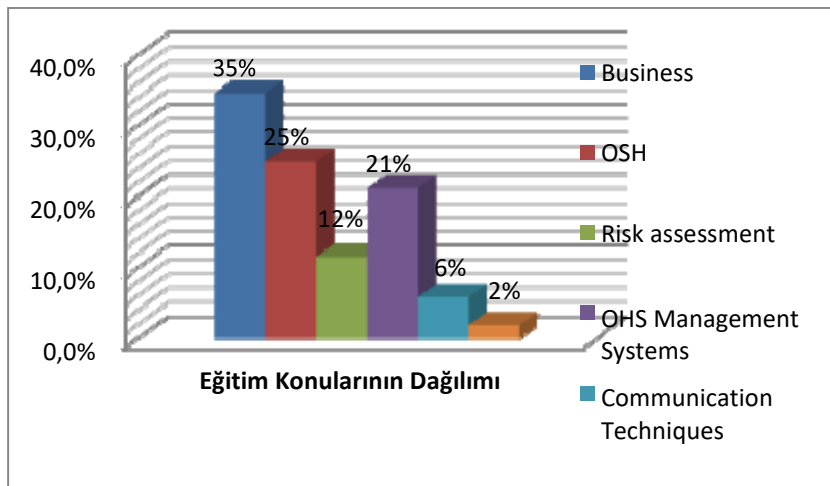
For this reason, education and awareness programs in the TRC1 region should include not only employees but also employers. When creating programs, the needs and expectations of the target kit should be reflected in the programs. In addition to legal responsibilities for trainings for employers, Roles in establishing a safety culture in workplaces, the efficiency of the OSH
It is important to include issues such as the impact on the quality of work, the

OSH management system approach, communication with employees and motivation techniques, rewards and punishment mechanisms for providing safe behaviour to employees.

According to the survey results applied to the employers within the scope of the project; When the education level of the employers is examined, it is determined that 63% of them are undergraduate and graduate and 16% of them are at the level of associate degree.

The following are the results of the responses given in the questionnaire to determine the training needs of the employers.

Do you think you need training as an employer / employee? Which of the following are the ones you need if you think?	Distribution %
No thoughts	32
Business law	35
OSH Legislation	25
Risk assessment	12
OHS-Management Systems	21
Communication Techniques	6
Other	2



Graph 7) Percentage Distribution of Educational Subject Headings Needed by Employers

According to the results, in training programs to be arranged for employers: Employment law, OHS legislation, OHS management system, and so on.

On the other hand, in the questionnaires applied to the OHS professionals, the average of the answers given to the questions about the sensitivity of the

employers to the OHS in the establishments they serve; 34% are not sensitive, 53% are partially sensitive, only 13% are sensitive. For this reason, the presence of a target group with a lower level of education should be considered in addition to the demands of this group with a high level of education in the preparation of the programs.

1.2.4. Training of Children and Teenagers

Health and safety awareness is required to be raised through education in order to prepare children and teenagers to work life. This is possible by integrating health and safety topics to curriculum in education system as in countries with high health and safety standards.

Performing such activity is only possible by a decisive collaboration among relevant authorities and support from other parties. In addition, substructure activities are necessary in order to satisfy finance and resource requirements (educational materials, communication tool, etc.) for sustainability and expansion.

“Cooperation Protocol regarding Development of Occupational Health and Safety Awareness Among Students” signed on January 4, 2016 between Vocational and Technical General Directorate of MEB (Ministry of Education) and MoLSS is a vital initiative in such issues.

The purpose of this three-year protocol includes to start HS programs in lecture and education modules and to develop existing ones, to train branch managers, occupational safety specialists who are assigned to schools, teachers and directors, to specify criteria of *safe school* and to perform model practices, to educate teachers regarding 6331 numbered HS law, and to create materials for education and HS awareness. ⁽¹⁷⁾

Direct and/or indirect measures regarding occupational health and safety in vocational and technical education are included on Strategy Certification and Course of Action for Vocational and Technical Education in Turkey between 2014-2018 which was constructed based on three main policies that form technical education system.

Policy Axis 2, Item No 18, Measure 2.4.3: Workshop settings will be improved and workshops will be revised for sectoral compatibility at Vocational Technical Education (MTE) schools and institutions

Policy Axis 3, Item No 23, Measure 3.1.3: Students, trainees, graduates, employees and teachers will be supported regarding creativity, innovativeness and entrepreneurship, and will be encouraged to attend project competitions ⁽¹⁸⁾.

In context of such measures, support will be given regarding development of workshop settings in accordance with HS standards, guidance to innovative practices especially in HS field in terms of entrepreneurship and innovativeness, development of HS awareness in early age, as well as development of healthy workforce.

Vocational and technical schools are more informed and experienced in HS issues when evaluated from the viewpoint of management, teaching staff and students. Therefore, some difficulties (lack of trainers, lack of time, creating educational content and materials that are suitable for age groups) will occur in expansion of health and

safety programs starting from pre-school education to basic and elementary education. In this context, country examples are instructive that were mentioned on “Examples of HS Integration to Education Programs for Teachers” published by AB-OSHA.

Especially “Summer Classes for Primary School Teachers” run by Health and Safety Authority (HSA) of Ireland in 2007 and 2008, is an important example. In the context of this program, HSA designed a summers program that was consist of 20 hours of training for consecutive 5 days for primary school teachers in accordance with Ministry of Education and Science regulations. The purpose of this program is to improve health and safety awareness among primary school teachers and school managers. Work environment and development of students in health and safety field are equally emphasized in the program. A series of health and safety topics regarding schools were being discussed during the program. In addition, attendees performed activates regarding application of methods and general HS principles according to characteristics of schools in order to teach basic principles to primary school students.

At the end of the program, the following will be expected from the attendee;

- Provide positive influence on ideas of students regarding health and safety issues, and raise them to be responsible individuals in the future,
- Contribute planning health and safety management at schools,
- Ensure to hold health and safety awareness from the perspective of work and student.

Teachers and school management hold the key role in determination of integrating health and safety to education and creating a safety culture.

In cooperation with Ministry of Education particularly and other authorized institutions and organizations:

HS project competitions will provide vocational and technical school students at TRC1 Region with opportunity to gain HS awareness and to take place in solution of such issues.

It will give opportunity to train teachers to be assigned for pilot application at TRC1 region from schools of different levels. to determine methods for student trainings by such teachers who completed the training. to create educational materials for and to ensure active participation. to carry HS management system awareness into effect considering physical conditions at schools. to create a safe work and study environment for all personnel and students, as well as to help employees of future to gain health and safety awareness at an early age. And the second phase should be the expansion of information and experience gained from this activity.

Another important result of this application, HS Laws will support participatory approach and proper application of the program at schools.

Evaluation of Conditions of Workplace

Improvement of workplace conditions and prevention of occupational accidents and diseases have financial consequences for companies. Ultimately, this investment will bring more value and profit to the company.

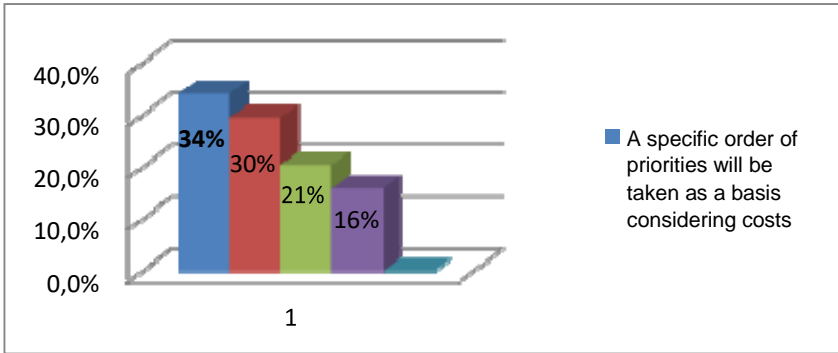
However, health and safety issues are not generally seen as contributing factors to finances. Complying with legal regulations is at the focus of occupational health and safety policies of companies in many countries. More effective occupational health and safety policies should be developed, not to merely comply with regulations, but also to value human life, to ensure safe and healthy workplaces where we spent most of our lives. Such policies should also aim to strengthen the financial performance of companies, quality of production and national economy. Therefore, financial advantages of occupational health and safety should be continuously emphasized considering the cost of occupational health and safety measures and cost of situations where occupational health and safety is not ensured

Persuading process of especially SMEs (Small and medium sized enterprises) about financial advantages of occupational health and safety measures could be a difficult process due to characteristic causes such as companies' lack of information on regulations, measures and proper applications, scarce of human and financial resources, and not having systematic control and reporting systems. ⁽²⁰⁾

Therefore, supporting companies for financial investments to be made in order to improve occupational health and safety conditions primarily SMEs with limited resources

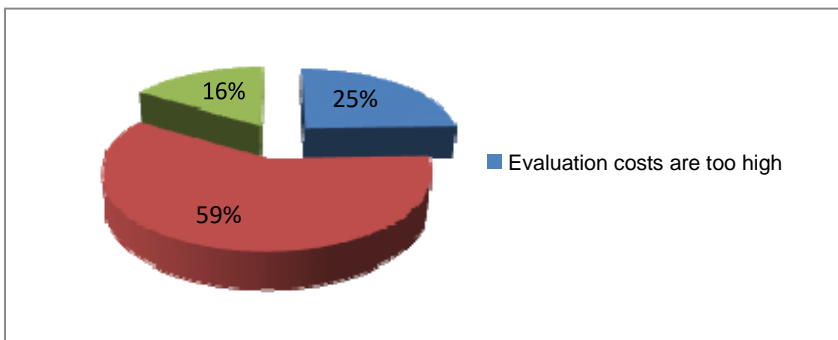
Evaluation of employers' answers regarding "determination of financial approach" questionnaires within the Project are as following.

Which one of the following is suitable for your company in terms of fulfilling risk evaluation advices from HS professionals (work safety specialist, workplace doctor)	Distribution %
a) will be fulfilled immediately	16
b) order of priorities will be taken as a basis considering results of risk evaluation	30
c) a specific order of priorities will be taken as a basis considering costs	34
d) will be fulfilled partially due to high cost	21
e) will not be fulfilled due to high cost	0



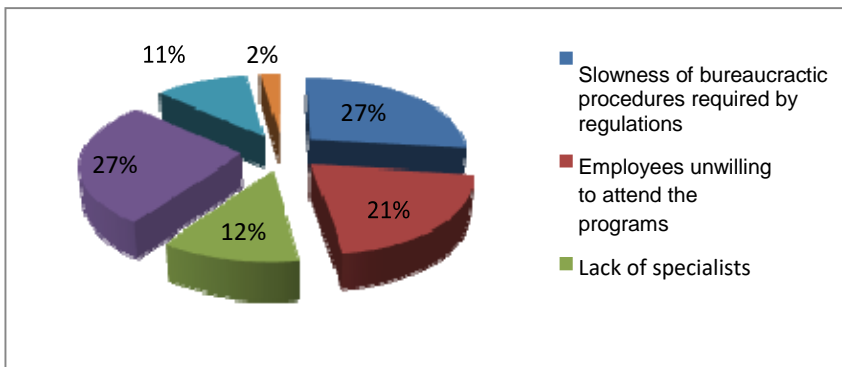
Graphic 8) Percentage Distribution of Fulfilment of Risk Evaluation Advices by HS Professionals

Which one the following items is the most important reason for not executing evaluations in terms of monitoring the work conditions at your workplace? (If you mark more than 1 item, please rate your most important reason as -1-)	Distribution %
a) Lack of accredited institution/organizations to get evaluation services	25
b) Evaluations costs are too high	59
c) Disturb production/services	16



Graphic 9) Percentage Distribution of Most Important Reason for not evaluating the workplace (Weighted average)

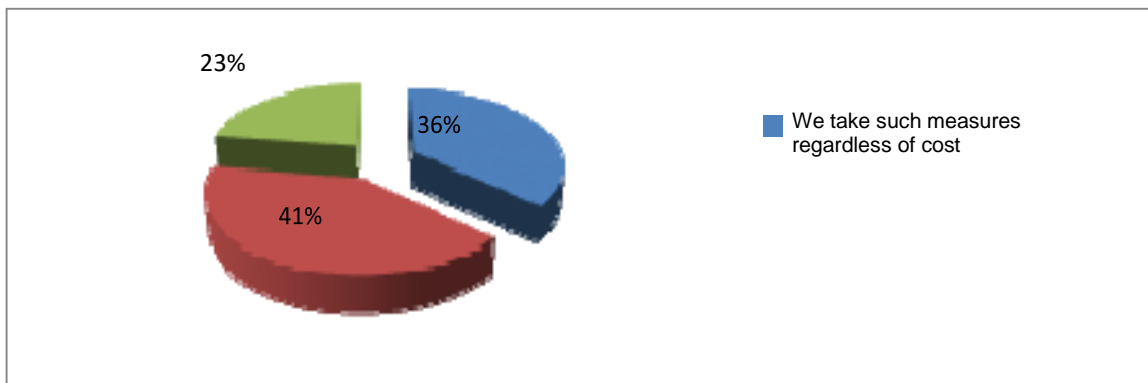
Which one of the following is the most important problem if you are having difficulties with application of HS regulations? (you can mark more than one option)	Distribution %
a) Slowness of bureaucratic procedures required by regulations	27
b) Employees unwilling to attend the programs	21
c) Lack of specialists	12
d) Costs projected to employers	27
e) Lack of technical support and directors	11
f) Other	



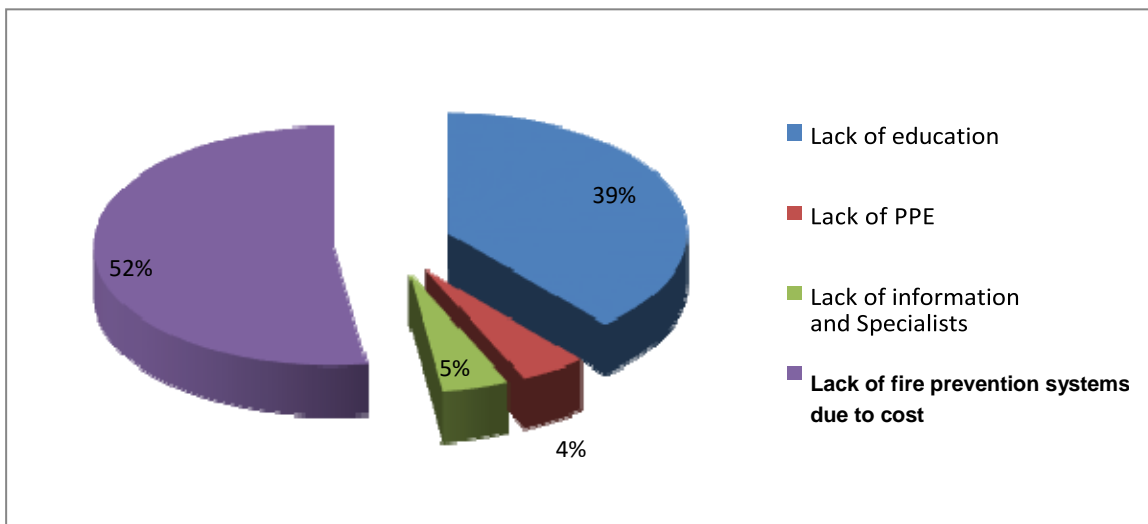
Graphic 10) Percentage Distribution of Difficulties During Application of HS Regulations (Weighted average)

Which one of the following is the most appropriate statement to define your company's approach in terms of technical measures that require higher investment such as ventilation, machine protectors, sealed system activities?	Distribution %
a) We take such measures regardless of cost	36
b) We are not able to take such measures due to lack of financial resources	41
c) Personal protection measures are sufficient	23

Which one of the following is the most important difficulty you encountered at your company in terms of fire safety?	Distribution %
a) Lack of education	39
b) Lack of PPE	5
c) Lack of information and specialists	5
d) Lack of fire prevention systems due to cost	52



Graphic 11) Percentage Distribution of Technical Measures That Require Higher Investment



Graphic 12) Percentage Distribution of Difficulties in Terms of Fire Prevention at Workplaces

HS is a highly complex issue and when lack of resources (financial, sufficient number of specialists, information, material, etc.) taken into consideration, it is not a realistic approach to take all the matters in hand at once. Therefore, health and safety risk factors in activities to be performed, should be prioritized not only sectoral and among specified sectors.

When potential hazards and risk factors that are typical to specified primary sectors in TRC1 region, many major factors (chemical, physical, biological, ergonomic, psychosocial factors that affects health, or accidents caused by fire, explosion, machinery and equipment related accidents) are observed to be common.

Some researches including sectoral risk factors and measures, and/or application samples are given below.

1.3.1. Construction Sector

“Types of Main Occupational Accidents in Construction Sector” themed research findings are important resources in order to determine primary campaign fields in the sector, and are summarized below. ⁽²¹⁾

Occupational accidents are grouped based on nature of occurrence in the evaluation:

Among the fatalities, falling takes the first place by a wide margin (%42,9).

Among the accidents resulting in death, accidents of human fall type (42.9%) are in the first place with an important difference. These types of accidents are followed by; electric shock (%12,2), falling of materials (%10,5), construction machinery accidents (%8,6), collapsing of structure (%7), traffic accidents at worksite (%7) and collapse of an excavation edge (%5,8).

Electric related issues should particularly be urged upon since electric shock related fatalities takes the second place among accident types.

Group of events which were described as Worksite Traffic accidents, are similar to accidents in daily life (overturned vehicles at the worksite, employees got hit/crushed by vehicles, etc.) Such accidents have considerable fatality rate and it requires proper management of the traffic at worksite, roads and areas for maneuver.

Falling takes the first place by %32,9 and loss of limbs takes the second by %21,3 among accidents resulted with injuries. Falling of materials comes next by %9,8.

With respect to total number of accidents, loss of limbs takes the second place with a ratio of %11,5, includes incidents such as losing hands, fingers and foot to chainsaws, to benches and live parts of machines. Only one of the accidents was fatal but these types of accidents cause loss of limbs and hence loss of work at some rate (sometimes at an important rate)

Subgroups of falling accidents with fatality comprised of; falling from deck platform by %35.7, falling from scaffold by %20 and falling in the gaps of the structure by %14.3.

Falling from building constructions related fatality rate reaches %57.3, construction machinery accidents at worksite at the rate of %39,6, collapse of excavation edges at canal construction worksites at the rate of %46,3, and falling of material at tunnel construction worksite at the rate of %62,5 take the first place among accidents.

In addition to above-mentioned work accidents, as a result of exposure to various physical, chemical, biological, ergonomic, and psycho-social risk factors, it is known that employees are having health problems such as lung, skin and musculoskeletal system diseases primarily.

1.3.2. Mining Sector

Adiyaman is one the richest towns in terms of mine and energy resources. Metal mines such copper, chrome and manages can be find in Adiyaman as well as phosphate, barite, raw material for cement, brick, tile and marble reserves. ⁽²²⁾. Surface mining is widely performed in the region.

Important developments in machinery and equipment technologies increased the role of open workplace methods in mining sector.

Coating bed thickness, hardness, compression strength and excavability parameters of rock formations, total cost of first investment and application of fair value are determinants when selecting production methods. Each production method has its own various production system practices. Continuous or non-continuous construction equipment selected based on characteristics of excavation area are being utilized for excavation-loading works. Productivity at open workplaces has increased as a result of developing high capacity machinery and equipment, and practising computerized monitoring-observation control systems.

Open workplace systems are being used for almost all varieties of mines. Construction machinery such as rotary-clamp and chained excavator and surface miner as excavator-loading machines, and trucks for transportation are being utilized at marble quarries.

Amount of annual excavation and production, topography, inclination, structure and thickness of the mineral lodes, thickness and mechanical characteristics of top layer and intercalation levels, climate (heat and precipitation) and condition of drainage are determinants in selection of system and proper machinery for open workplace practices.

Proper sized stairs compatible with excavation plan, slope angles, selection and capacity of dump site, roads and re-cultivation activities should be taken into consideration during marble quarry planning phase. In order to load blocks at the marble quarries, cranes are being utilized that are placed at high point of the quarry.

Natural conditions have great effects on marble quarries. Production process will have to be discontinued if the quarry is flooded by rain and snow water. In order to deal with such problems, necessary measures should be taken to remove water and mud accumulated in the quarry. ⁽²³⁾

Five main operations at open workplaces are drilling, detonating, excavating-loading, transporting and dumping. Possible accidents at surface mining companies can be minimized by engineering activities. Detailed study of the area is crucial before the production commence. Continuous tracking and control at all stages after the completion of production will prevent possible accidents. ⁽²⁴⁾

The risk of occupational lung diseases (pneumoconiosis) is especially high at workers who are exposed to dust during both in metal mining and marble excavating activities.

Previously prepared modules of Development Project for Occupational Education

and Training System (MEGEP) Modular Program, which started in 2004-2005 by Ministry of Education, can be utilized for the training and awareness raising programs, especially at such high-risk sectors. For example, Occupational Development Modules-Occupational Safety and Employee Health; Machine Technology-Production of Marble Blocks; Machine Technology-Work Safety; Machine Technology- Employee Health, etc. ^{(25) (26) (27) (28)}

On the other hand, activities of South Australian Mines and Quarries Occupational Health and Safety Committee (MAQOHSC) can be set as an example for Adiyaman that holds large volume of open workplaces. MAQOHSC was established pursuant to Occupational Health, Safety and Welfare Law in 1986 in Australia which is an important mine and mining country, and runs its activities in accordance with 2012 Occupational Health and Safety Laws.

MAQOHSC's purpose is to develop higher occupational health and safety standards in order to prevent accidents and illnesses in mining and stone quarry industry of South Australia, and they share their studies in this context with all parties through their website. ⁽²⁹⁾

Primary issues determined by committee regarding the sector;

- Developing a safety culture
- Safe machine protectors
- Safe design of fixed and mobile workplaces
- Controlled manual handling practices
- Dust control in air (especially in terms of silicosis)
- High noise and vibration
- Development of effective systems to control sub-contractors
- Elimination of diseases with long latent periods (silicosis)
- Establishment of effective health monitoring system
- Ensuring that all employees are "suitable for the job". ⁽³⁰⁾

Documents such as 4-8 minutes' safety meeting videos and dvds, guides, control lists that were prepared in regards to entrances to-exits from mining area, dust, noise, risk evaluation, traffic management in 2012, have highly educational and directive qualities. ⁽³¹⁾

Training presentations are taken from Safety Workshops and were designed to provide important information on the management of work, health and safety in mining and quarry industries, are worthy resources to study and taken as an example. ⁽³²⁾

In addition, short safety meetings (toolbox) meetings are being held as an important tool. Issues such as events that happened at the beginning and end of the shifts at the mine, plans for existing shift and discussions related safety are included in toolbox meetings. In this way, workers will be able to refresh their information and exchange ideas on safety issues.

1.3.3. Rubber and Plastic Product Manufacturing

There are many safety risks in rubber and plastic product manufacturing, which might cause major accidents such as machinery and work equipment related accident, fire and explosion. On the other hand, such in all other sectors that commonly use chemicals, occupational illness risks by exposure to chemical substances (that being used in production or that come off during process) threshold be taken into consideration at first hand.

Fire and explosion risks are high especially where inflammable solvents are commonly in use for production process and cleaning of machines, sulphur use for vulcanization, dust that might cause explosion during foliation and grinding processes, as well as storage (raw material and product), and waste disposal. ⁽³³⁾

Burning of rubber and plastics is in the “A Class Fires” category. A Class Fires are usually organic based solid matter fires that breaks out by formation of bright embers. These materials are usually organic structures and has carbon compounds, and when burned dust deposit and ash occur. Rubber and plastic release poisonous gases when burning. Such dioxin type of gases is usually deadly.

In addition to these, depending on the type of burning material, carbon monoxide, carbon dioxide, sulphuric gases are released and enters human body through respiratory tract, and cause cancer in the long run. ⁽³⁴⁾

In order to prevent exposure to gases that are released during heat processing of plastic raw material, such gases should be removed from its source. Especially, local ventilation systems with induced draught should be present at the head sections of extruders where melted plastic paste comes off.

Vapour, smoke and smell from chemicals in use, as well as dust have negative effects on various systems especially respiratory system, and organs, and cause diseases. Local Exhaust Ventilation that is effectively operating are required in order to prevent such risks. ⁽³⁵⁾

1.3.4. Food Sector

Every year more than 5000 injuries in the food and beverage sector reported to British Health and Safety Organization (HSE) of United Kingdom which is one of the exemplar countries in occupational health and safety, and such accidents consist of 25% of all industrial sector accidents. 90% of the accidents occur in the food and the rest is in beverage sectors.

When HSE analysed 5221 important accidents that require three days of recovery time in 2008 and 2009; 32% manual handling, 25% slipping/tripping (mostly tripping), 13% getting hit by live/falling objects, 8% live machinery, 6% falling down from height, 5% hitting fixed objects, 4% contact with hazardous substances, 2% getting hit by live devices, 0,4% injuries caused by animals, 0,4% electric, 0.2% physical attack, 0,1% fire/explosion are determined to be the causes. ⁽³⁶⁾

Manual handling should be minimized by using equipment such as conveyor belts, vacuum transporters, automatized load handling systems.

Low-cost measures such as anti-slip shoes for workers and anti-slip flooring, along with ensuring cleanliness of work area can be taken in order to prevent slipping related accidents.

Even though fire and explosion related accidents have a lower rate, it still should be urged upon due to possible multiple deaths and heavy structural damages. Necessary technical measures should be taken and equipment should be in accordance with the regulations and standards, especially in production of flour, sugar, instant coffee, dry milk, dry soup, dry potatoes, etc.

Flour and feed mills, sugar grinding, spraying and drying milk and instant coffee, storage/transportation of granulated materials and all grains are common processes that might cause explosive dusts. ⁽³⁷⁾

Selecting electrical equipment to be used in workplace where dust explosions might occur, ensuring proper ventilation in such areas, and proper explosion outlets should be installed in order to minimize destructive effects of an explosion are required. ⁽³⁸⁾

Spray oils being used in food production, inflammable solvent substances such as ethanol being used in mixing, and some other similar support agents, as well as sterilization processes in high degrees increase the fire and explosion risk to a considerable level.

Extraction unit holds the highest risk among activities. Hexane is the most commonly used solvent during this process. In this branch of activity, there is a high risk of fire due to storage and use of hexane. Therefore, fire measures are crucial at the extraction unit. ⁽³⁸⁾

Detection of solvent vapour by gas detectors is the most common fire prevention. Such gas detectors (LEL detectors) should be installed at critical areas, it will track

the gas density in the environment and give warning or shut –off the system in a possible case of accumulation. As a secondary prevention, fire-heat detectors should be installed in order to detect fire at early stages. ⁽³⁸⁾

Risk of lung and skin diseases among food sector employees, is high due to exposure to chemicals and dust.

1.3.5 Textile Sector

Textile is a quite risky sector in terms of occupational health and safety (mechanical, physical, chemical, ergonomic and psycho-social). Within the sector, threading-weaving-knitting-finishing companies hold more risk in comparison to ready-made clothing companies.

Risks in terms of occupational health and safety can be summarized as risks caused by moving part of the machinery, fire, noise, dust related occupational diseases, exposure to hazardous chemicals, risks caused by work equipment, and risks due to activities that are not ergonomical.

Natural and chemical fibres are raw materials for textile sector. Fire is one of the most important work safety risk due to flammability of such fibres. Especially fibre storages, ginneries, blow rooms and crest rooms have more risk of fire. ⁽³⁹⁾

In a possible case of fire, water reserves with sufficient capacity should be provided in order to interfere fire with water, and fire detection systems (preferably flame or heat detectors, ray detectors at higher structures) along with remote response systems (sprinkler systems) should be installed in order to detect fire at early stages and interfere with fire in timely manner.

Prevention methods will be effective such as proper protectors, photocell systems, cap keys, double hand command appliances in order to prevent accidents due to machinery.

Allergic respiratory systems complaints along with characteristic lung dust disease due to exposure to dust, as well as occupational hearing loss due to noise are important risk for textile workers.

Since textile is a dusty sector, ventilation systems are crucial for thermal conditions (amount of heat and humidity) of some stages. ⁽³⁹⁾

1.3.6. Metal Sector

Metal sector is generally described as in two branches; metal melting and purification, and metal working industry. Metal melting and purification includes processing of, metal substance and scrap metals in order to obtain pure metals. Metal work industry is consisting of production of machinery and machine parts, as well as tools and equipment needed by other sectors.

Melting and purification industry has the highest injury risk rate in comparison to other sectors. Main causes of such injuries are splashing of melted metal and slag scrapes, explosions caused by melted metal-water contact, crashes by moving locomotives, carriages, mobile cranes and other mobile equipment, falling of heavy objects, falling down from high, falling down by slipping/tripping and so forth.

All risks, primarily chemical and physical risks, followed by biological, ergonomical and psycho-social risks have negative health effects on employees of metal sector. Among developing health problems, respiratory system, skin and musculoskeletal systems illnesses and infections stand out.

Therefore, it is crucial that potential polluting sources (melting, grinding, welding, covering, etc.) at workplace should be closed and isolated, technical measures should be taken such as ventilation systems (local and general) along with a proper work organization, PPE should be provided that are suitable for the job, creating a continuous training system for employees, employee representatives as well as for health and safety personnel.

Ultimately, prevention of health risks and accidents is an educational and technical problem. Medical examinations are secondary and are only has a subsidiary role in prevention of health risks. Planning, cooperation and information exchange between safety and health units will give the most effective result in prevention of health risks. ⁽⁴⁰⁾

1.3.7. Furniture Sector

Furniture sector is one of the oldest and lasting sectors in comparison to other sectors in Turkey. This sector continued its existence usually through small local workshops for many years. From a different point of view, being small and independent from each other, the communication between shops has become limited and slowed down technological development in some way, therefore it has become a sector where manual labour is commonly used. Turkish furniture industry appears to be made of workshop type of small scale enterprises that mainly use traditional methods. In spite of this, number of medium and large-sized enterprises has begun to increase in last few years. ⁽⁴¹⁾

When evaluated from the view point of occupational health and safety, problems with the characteristics of work equipment in furniture sector, use of chemicals that are prone to accidents and occupational illnesses due physical conditions remain important in the sector.

Wood dust, toxic chemicals (paint, adhesive, polish, solvent, insecticides, fungicide, etc.), physical factors (noise-vibration etc.) and ergonomic factors can be counted as main causes of possible health problems in the sector.

Nasal sinus cancer has been reported among carpenters in USA, UK, Holland, Italy, France, Finland, Denmark, Canada and Australia. On the other hand, especially after WW2, risk has considerably been decreased due to the changes in machinery and technology in use along with increase in protective measures and common use of dust vacuum apparats in such countries.

In the sector, in terms of occupational illnesses and required engineering measures (local and general ventilation, use of machinery in comply with standards, fire prevention systems, ex-proof material use, etc.) considering safety problems such as accidents and fire-explosions due to use of machinery without protection, and training/education of employees. ⁽⁴²⁾

1.3.8. Agriculture Sector

Agriculture sector is the second biggest area of employment after service sector and it provides employment for more than one third of the world's workforce. It is the most important sector for women workers in many counties, especially in African and Asian countries, and women constitutes a large part of agricultural workforce. Also, child labour is common in comparison to other sectors, and 70% of the child labour works in agriculture. In addition, immigrant labour is another important problem of agriculture sector. ⁽⁴³⁾

Agriculture keeps it place in country economy since it provides staple food, takes a big part in export, and satisfy need of raw material for variety of industrial branches.

Agriculture in TRC1 Region has an important place in export to a lesser extent as in past. Gaziantep exports 97,8% of agricultural products in the region. Products from Adiyaman is mostly directed to national markets. Even though pistachios, grapes and olives are produced in high amounts in Kilis, export of such products is not sufficient because they are being used in production of processed food. This region has 3% of agricultural areas of the country, and Gaziantep has 51,2%, Adiyaman has 34% and Kilis has 14,8% of agricultural areas of TRC1 region country-wide. ⁽⁴⁴⁾

Agricultural sector differs from industry and service sectors in terms of production methods and socio-economic factors;

- Production is being executed both in open and closed areas, most of the work required to be executed in open areas.
- Besides plant and animal production in open areas, livestock activities in closed areas and production activities in greenhouses shows the variety of agricultural production and its extent, and changes its economic and social structure.

- Production is dependent on the season and natural conditions.
- Production period is limited, product variety is vast, work conditions are different, and it is not convenient for division of labour and specialisation,
- It requires extensive seasonal workforce and the workforce constantly translocate.
- Usually all family members work together.
- Production is usually located away from the city centres, therefore, problems with accessing public services occur.

These differences aggravate arrangements and activities in agricultural works in many ways. It effects work conditions, work durations and rights responsibilities and liabilities of workers. ⁽⁴⁵⁾ ⁽⁴⁶⁾

Agriculture is one of the most dangerous sectors and each year many agricultural workers are involved in accidents and exposed to illnesses. Cause factors of such situations can be summarized as; working with machines, equipment and animals, exposure to high noise and vibration, falling down from high, slipping, tripping, heavy load handling and other causes of musculoskeletal illnesses, exposure to dust, other organic substances and chemicals, and contagious agents, other common work conditions for rural areas, for instance extreme heat and cold weather conditions and attack from wild animals. International efforts lasted for many years in order to eliminate child labour commonly seen in agriculture. But, employment below legal age still continues. ILO published Occupational Health and Safety Practice Guide for Agricultural Sector in order to promote preventive HS culture in agricultural sector globally. ⁽⁴³⁾

This sector is an important in regards to HS, primarily planning in order to raise awareness in employers and employees and in this context supporting targets and activities of national policies followed by the approval of ILO agreements on primarily agriculture will be an important step.

If TRCI Region is generally evaluated:

- **Primarily “falling” should be at focus for the activities to be executed in terms of development of occupational health and safety conditions in construction sector, and elimination of fatalities resulted from falling should be targeted. In order to reach this target, employers, employees and HS Professional who are assigned work in the sector should be dedicatedly educated.**
- **Trainings as required by regulations are not effectively practiced in such sectors with intense worker circulation. Proper methods should be used for training programs considering professions, education levels and cultural differences of employees, and instructions, procedures, posters, films and educational materials should be prepared in selection of such methods considering employees with linguistic difficulties (alien workers).**
- **In addition, employers should be encouraged to use high safety systems (scaffolds, safety webs and support systems to stop falling) in accordance with standards, against falling.**
- **Results of accidents in mining sector have destructive effects. Therefore, serious investments should be made in terms of occupational health and safety considering the mining techniques being used in this region (especially Adiyaman), and companies should control existing risks based on HS management system approach.**
- **Educational and informative materials should be prepared such as films, control lists, guides and etc., and employers, HS professionals and employee representatives should all gain awareness in order to practice short daily safety meetings as a habit.**
- **Employers should be encouraged to install required ventilation systems, to take required technical measures against fire and explosions, and to use high safety machinery, because of health and safety risks at workplaces where rubber and plastic products are being manufactured and sectors such as food, furniture and textiles. In addition, effective training of employees in regards to safety risks, exposure to chemical substances and protection methods will support prevention of occupational accidents and illnesses.**
- **Popularizing the practice and results of ISGIP Project, which is being run by CSGB in order to develop work conditions of construction, mining and metal sector employees, to ensure cooperation required for such activities, to provide information regarding companies that can be set an example for good practice, will direct activities to be run in TRCI Region directed at relevant sectors and will have a positive effect on development process of workplaces.**
- **As a result of its distinctive conditions, agricultural sector should take place in the programs directed to development of occupational health and safety standards in the region and it has obligation to audit and comply with HS regulations. Health and safety problems of child, teen and women workers of agriculture should be emphasized, relevant projects and activities should be supported. Parameters such**

as education level, age (for example children, teen, senior employees), cultural structure, and language problems should absolutely be considered when preparing educational materials and activities to be run for raising awareness. Relevant activities should be supported by collaboration with “Agricultural HS Practices and Research Centre” of University of Harran, Urfa.

- Development of safety culture is obligatory in addition to all technical measure to be taken in order to ensure employees’ health and safety in all relevant sectors, and this requires determination of medium and long term strategies intended for the region. Activities should commence and such activities should be supported in order to create regional HS policies and strategies.
- A system should be developed regarding resource planning and how to use such resources in accordance with the incentives to improve work environments. In this context, support could be provided to companies with KOBİ status where occupational accidents and illnesses are more common, to take advantage of KOSGEB support programs and/or Development Agencies with priority. If such opportunities are provided, giving a specialist support will be helpful regarding how to design the project and use the incentive.

1.4. Regional HS Policy

Health and safety policies generally determine, independent from its level (national, regional or company/workplace), a specific direction required to be followed and support all aspects of occupational health and safety performance based on continuous improvement.

Key messages for effective health and safety policies are as follows:

- Supporting development of human resources;
- Minimizing the financial loss from preventable unplanned cases;
- Being aware of accident, illnesses and events occurred due to failure of the management;
- Knowing necessity of creating a safety culture in support of health and safety in order to take control over risks;
- Creating a systematic approach to designate resources to describe and control the risks;
- Supporting quality initiatives with a purpose of continuous improvement. ⁽¹⁾

Another important factor is the requirement for planned and systematically approach in order to apply health and safety policy. The purpose is to minimize the risks. It is being used in determination of targets, risk evaluation methods, setting priorities, abolishment of hazards, and to minimize risks. In addition, custom actions are determined to create a positive health and safety culture. ⁽¹⁾

Establishment reasons and targets in accordance with policy documents of National Occupational Health Council which was established in our country in 2005, are explained on 1.4 Section of 1. Interim Report

The council is formed by the attendance of all relevant parties and shareholders, and in line with their purposes, considering national and international developments along with conditions of the country, gives advice on improving existing condition in terms of occupational health and safety in work life, and popularizing safety culture nation-wide with collaborative approach by parties, and ensures information exchange by parties on forming country policies for occupational health and safety.

Employers responsibilities to develop a general prevention policy which should include effects of factors regarding employer's relation with technology, work organization, work conditions, social relations and work environment, are explained under "Principles of Risk Protection" title of 6331 numbered HS Law (5th item),

Responsibility to execute activities to develop this policy is given to a council which consist of employer and employee representatives from companies that have fifty and more employees and runs operations more than 6 months and which were included in context of Regulations on Occupational Health and Safety Boards and HS Law.

When such arrangements are evaluated, the necessity is obvious for improvement of HS standards and determination of preventative policies on company level (even without obligation to form HS Council) and nation-wide. The most important factor is to include issues among our targets such as HS trainings and creating safety culture in order to successfully perform the policies.

There is no legal regulation in use about policy determination for needs and priorities of regions in terms of HS, but such practice can commence at Gaziantep to be chosen as pilot city as part of the Project to Increase Quality of Occupational Health and Safety Practices in GAP Region.

A policy to take shape with parameters such as cultural fabric, education level, industrial structure and variety, distribution occupational accidents and work related illnesses of the region, and targets to be determined in this context, and if in compliance with HS target, it will provide the national activities with important input.

During field study at TRC1 region, it is observed that Gaziantep City Council-Occupational Health and Safety Work Group has a potential to determine HS policy and targets of region with attendee profile, dynamical structure and social communication mechanism in the group, and to prepare plan of act and to apply such plan. This council can be set as an example for other regional and national city councils by its effective and extensive coordination and collaboration practices, and will be more active with support aimed to increase the corporate capacity including Project design and Project management in relevant subject.

According to the results to be obtained, this initiative can be popularized as a good practice example among locomotive cities of other regions.

2. APPLICATION PLANS

I-APPLICATION PLAN FOR TRAINING AND AWARENESS ACTIVITIES

SENSITIVITY ENHANCEMENT SEMINARS

Target: To inform, increase sectoral awareness and create synergy among relevant parties and HS Professional before sectoral studies at TRC1 region commence

Target Sector	Activity	Responsible institution / organization	Attendees	# of attendees & duration	Approx. Cost
Construction Sector	HS seminar at Construction Sector	GAP Regional Development Administration	Representatives from relevant institutions and organizations and, HS professionals. (GAZIANTEP)	50 person/ 2 days	24.950,00 ₺
Mining Sector	HS seminar at Mining Sector		Representatives from relevant institutions and organizations and, HS professionals. (ADIYAMAN)	50 person/ 2 days	24.950,00 ₺
Metal Sector	HS seminar at Metal Sector		Representatives from relevant institutions and organizations and, HS professionals. (GAZIANTEP)	50 person/ 2 days	24.950,00 ₺
Furniture Sector	HS seminar at Furniture Sector		Representatives from relevant institutions and organizations and, HS professionals. (ADIYAMAN)	50 person/ 2 days	24.950,00 ₺
Food Sector	HS seminar at Food Sector		Representatives from relevant institutions and organizations and, HS professionals. (GAZIANTEP)	50 person/ 2 days	24.950,00 ₺
Textile Sector	HS seminar at Textile Sector		Representatives from relevant institutions and organizations and, HS professionals. (GAZIANTEP)	50 person/ 2 days	24.950,00 ₺
Rubber and Plastic Sector	HS seminar at Rubber and Plastic Sector		Representatives from relevant institutions and organizations and, HS professionals. (GAZIANTEP)	50 person/ 2 days	24.950,00 ₺

Topic titles to be discussed at minimum during the seminars:

- Improvement of HS Practice Quality Project in TRC1 Region and information regarding completed and operating activities
- Presentation of the related sector (basic steps of work, activities, raw materials in use, equipment, devices, materials and machinery, methods, etc.)
- Source of hazards and risk typical to related sector (sectoral HS statistics, examples of occupational accident and illnesses, etc.)
- Sector specific protective and preventive strategies (methods of protection, high protective systems, etc.)

TRAINING AND ACTIVITIES TO CREATE AWARENESS

Target: Minimizing occupational accidents and work related illnesses through training and awareness activities for professions that involves risks.

OCCUPATIONAL HEALTH AND SAFETY TRAININGS

Target Group	Activities	Responsible institution/ organization	Cooperating Institution/organization ⁽¹⁾	# of attendees & duration	Approx. Cost
Employees/ Employee Representatives/ Support Personnel (General training for the target Group)	Determination of primary sectors (2)	GAP Regional Development Administration	ÇSGB Unions Chamber of Industry Chamber of Trade	Minimum of 3 3 sectors/ year	
	-Determination of criteria for pilot application and selection of companies	GAP Regional Development Administration	ÇSGB Unions Chamber of Industry Chamber of Trade	Minimum of 3 sectors / year 27 companies/ 3 cities	
	-Determination of target group considering occupational risks	Sector representatives	Professional Chambers	3 groups of 20-25 people/year	
	-Determination of training topic titles (Legal rights and responsibilities of all groups, HS regulation, basic principles of HS and application, hazard and risk concepts, health and safety signs, importance of safety culture, occupational accidents and illnesses, protection methods, PPEs and emergency cases should all be included as common topic titles)	GAP Regional Development Administration	ÇSGB Unions Chamber of Industry Chamber of Trade	Training durations: minimum 2 days	
	-Preparation of training content (High accidents and illness risks that are specific to each sector, should particularly be emphasized) ⁽³⁾	Training Service Presenter	Professional Chambers		
	-Determination of training methods suitable for target audience profile (attendee and practical)				
	-Preparation of training materials (equipment to be used, training documents, films, sample case studies, etc.)				
	-For foreign national employees; translation of training documents, subtitles for visuals such as films and videos, preparing NAPO and similar films.)				

Employee Representatives	In addition to General training : Subjects such as risk detection and evaluation (practical), determination and record of near miss events, communication methods. And duties and responsibilities of employee representatives should be included in the program			20 people/ 2 days	11.000,00 €
Support Personnel	In addition to General training : Subjects such as prevention, protection, evacuation, firefighting, training on basic duties for first-aid, as well as risk detection and evaluation, and preparing emergency case course of action should be included in the program			20 people/ 2 days	11.000,00 €
Risk Evaluation Team	In addition to General training : Subjects such as risk management (including creating procedures, tracking of near miss events, documentation and reporting), principles of effective team work, and monitoring work environment should be included in the program			20 people/ 2 days	11.000,00 €
Training of HS Council Members	In addition to General training : Subjects such as causes of occupational accidents and dangerous events (examples specific to attendees' sectors) basic principles of work hygiene, communication methods, emergency case measures, work illnesses, risks specific to workplaces, risk evaluation (practical), accident research and observation should be included in the program			20 people/ 2 days	11.000,00 €
	-Application of trainings -Preparation and submission of training report that includes assessment and evaluation to authorized administration	GAP Regional Development Administration Training Service Presenter			
	Submission of especially training notes, presentations and visuals to authorized administration in order to popularize such in relevant sectors.	GAP Regional Development Administration Training Service Presenter			
	Restart the process for other sectors			Completion period is 3 years for pilot applications in all sectors of TRC1 region.	

Employers/ Employer Representatives/ Managers	-Determination of target group (<i>selecting employer/employee representatives from selected 3 sectors as target group will provide integrity with employee trainings and increase the effectiveness of practice</i>)	GAP Regional Development Administration ÇSGB	Chamber of Industry Chamber of Trade Representatives of Relevant Sectors		
	-Determination of training topic titles and preparation of training content ⁽⁴⁾ -Determination of training methods that are suitable for target audience profile (attendance, practical, etc.) -Preparation of required materials (equipment to be used, training documents, films, etc.)	GAP Regional Development Administration Training Service Presenter		Training durations: minimum 2 days	
	-Application of trainings -Preparation and submission of training report that includes assessment and evaluation to authorized administration	GAP Regional Development Administration Training Service Presenter		20 people/ 2 days	14.900,00 ₺
	Submission of especially training notes, presentations and visuals to authorized administration in order to popularize such in relevant sectors.	GAP Regional Development Administration Training Service Presenter			
	Restart the process for other sectors	GAP Regional Development Administration		Completion period is 3 years for pilot applications in all sectors of TRC1 region.	

- (1) Shareholders are determined based on necessities. (For example: for construction sector, non-governmental organizations such as Gaziantep Association of Contractors, town branches, units and agencies of TMMOB and TTBB). Authorized offices/ agencies are referred for relevant institutions and organizations.
- (2) Activities should commence in CONSTRUCTION, METAL AND MINING sectors in the first year.
- (3) Sectoral target group training should include subject examples below:
 - Construction Sector: Working at height, hazards such as electric and falling down of materials, and protection methods, etc.,
 - Metal Sector: Health effects of potential polluting sources at work environment and protection methods, hand-arm injuries, getting stuck, crashes with mobile devices, and etc., and occupational accidents and measures,
 - Mining Sector: Potential sources of danger in drilling, detonating, excavating, loading, transporting activities, working in closed spaces and protection methods, health risks and prevention of work related illnesses,
 - Chemical (Rubber and Plastic Products) Sector: Health risks due to exposure to chemical and protection methods, fire and explosion risks and measures,
 - Food Sector: Manual handling, slipping and falling, machinery accidents, fire and explosion risk (including dust explosions), health effects of chemical and biological risks and protection methods,
 - Textile Sector: Manner of work that is not ergonomic, health effect of risks such as noise, dust, etc. and protection methods, machinery accidents, fire,
 - Furniture Sector: Health effects of exposure to wood dust and other chemicals and protection methods, machinery accidents, risk of fire and explosion.
- (4) Employer trainings should include the subjects below:
 - Corporate Culture- Relation with Safety Culture and Importance
 - Business Law
 - Employers' responsibilities within HS regulations
 - Risk Evaluation (practical)
 - Causes of Occupational Accidents, accident investigation and Reporting
 - Health risks and protection, prevention of occupational illnesses
 - HS Management Systems
 - HS Benefit – Cost Analyses, effect of HS on productivity and production quality
 - Human Resources Planning and Importance of Training (especially in hazardous and highly hazardous professions)
 - Effective communication methods (communication skills especially with employees)
 -

VOCATIONAL TRAINING FOR HAZARDOUS AND HIGHLY HAZARDOUS PROFESSIONS

All activities should be executed in accordance with the purpose of cooperating with employers and worker unions in preparation of vocational training content which comply with national vocational standards and national proficiencies, creating a systematic approach in terms of providing services, and therefore increasing knowledge and qualifications of employees - "National Occupational Health and Safety Policy Document – III (Act 1.11.):

<p>Employees of hazardous and highly hazardous jobs</p>	<ul style="list-style-type: none"> - Workshop for improvement and increasing effectiveness of content and practices of vocational training programs for the employees of hazardous and highly hazardous jobs. - Presenting Final Report of the Workshop to authorities -Planning and application of improvements authorized by authorities. 	<p>GAP Regional Development Administration</p> <p>ÇSGB</p> <p>MEB</p>	<p>Regional Representatives of relevant institutions</p> <p>Relevant unions</p> <p>Representatives of service providers</p>	<p>25-30 people/ 1 day</p>	
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ACTIVITIES FOR TRAINING AND CONSCIOUSNESS AT SCHOOLS

Common approach in field studies at TRC1 Region is to provide information on Health and safety awareness and to establish a consciousness at an early age. This is an internationally and nationally accepted approach.

Purpose: The effective implementation of OHS legislation in schools and the integration of the occupational health and safety with education; so, that students have early safety and health awareness

OHS TRAINING OF TRAINERS AT SCHOOLS

Target Group	Activities	Responsible Institution / Organization	Cooperating Institution / Organization (1)	Number of Participants and Duration	Approximate Cost
Basic Training Executives and Teachers (Pre-school and primary school are included)	Receiving Consent of Responsible Institutions (to determine a framework which will cover every level of education)	Ministry Of Development M.N.E. LSSM	GKK Occupational and Safety Study Group Related Civil Society Organizations		
	To determine the the pilot schools and teachers and executives to	M.N.E.		3 schools/Year Minimum: 20 teachers/ year	
	-Determining the training headings (2) -Determination of proper training methods for target audience (participatory and practical) Preparation of training materials (equipment to be used, films, school-based case studies examples etc.)	GAP Regional Presidency of Administration Development M.N.E. Training Service Provider			
	-Implementation of trainings - Preparing the training report including and delivery to authorized	GAP Regional Presidency of Development Administratio M.N.E. Training Service Provider		Training periods: minimum 3 days	

	Dissemination of applications and educational documents to other schools (3)	M.N.E.			
Secondary School Executives and Teachers	Identification of pilot schools and teachers and administrators to participate in the training	GAP Regional Development Administration Presidency M.N.E.		3 schools/Year Minimum: 20 teachers/Year	
	-Determining the training headings (4) -Determination of proper training methods for target audience (participatory and practical) Preparation of training materials (equipment to be used, films, school-based case studies examples etc.)	GAP Regional Presidency of Administration Development M.N.E. Training Service Provider			
	-Implementation of trainings - Preparing the training report including and delivery to authorized	GAP Regional Presidency of Administration Development M.N.E. Training Service Provider		Training periods: minimum 3	
	Delivery of training notes, presentations and visuals to the competent authority	Training Service Provider			
	Dissemination of applications and educational documents to other schools (3)	M.N.E.			
Occupational and Technical High Branch Directors Occupational Safety	Determination of the current situation in vocational and technical schools in the TRC1 Region within the scope of "MNE-MSGB Cooperation Protocol on Developing the Consciousness of Occupational Civil Society Organizations in	GAP Regional Presidency of Administration Development	Provincial Related Representatives Industrial Chambers Chambers of TRC 1 region		

Teachers and Executives					
	Encouraging compliance with the "safe school" criteria and activities to be carried out under the CSGB-MNE Protocol on training	GAP Regional Development Administration Presidency CSGB		Gaziantep: 2 schools/Year Adiyaman: 1 school/Year	
	Organizing OHS Project Competitions among students (encouraging them to be part of the solution)	MNE CSGB			

(1) Stakeholders are determined according to the need.

(2) OSH Law and related Legislation, OSH Management System in schools, sources of hazard and prevention methods in schools, Risk Assessment (application in schools), Importance of safety culture and safety culture - education relationship, correct use of PPE, Methods and materials to be used in OHS trainings for children, etc.

(3) Teachers participating in the training program can be used for the dissemination of applications.

(4) Training topics are same. However, the trainees participating in this program should be informed about the appropriate profiles, methods and materials, taking into account the student profile (age range, behavioural characteristics, activities they are doing, etc.)

As a result of the training programs of which the ultimate goal is "safe school, healthy generation", we expect the participants:

- To have information about OHS Code and related regulations,
- Participation / contribution to work related to the implementation of OSH legislation in schools,
- They should have knowledge of the methods of perceiving, preventing and protecting health and safety hazards and risks in their schools (working environments)
- They should have information about how they can manage health and safety in their schools,
- With the trainings, they will provide to the students, they will create positive health and safety awareness,
- They should be able to inform students about the risks they may encounter at school or outside (playgrounds, at home etc.) and how to protect themselves against such,
- To educate and encourage students to act in the right way about health and safety.

TRAINING OF OCCUPATIONAL HEALTH AN SAFETY SPECIALISTS

Purpose: Increasing the capacities of OHS professionals who have a very important role in OHS applications

OCCUPATIONAL HEALTH AND SAFETY TRAINING

<i>Target Group</i>	<i>Activities</i>	<i>Responsible Institution / Organization</i>	<i>Cooperating Institution / Organization</i>	<i>Number of Participants and Duration</i>	<i>Approximate Cost</i>
Occupational Safety Specialists (OSS)	Establishing the criteria for setting the target group and selecting the expert group	GAP Regional Development Administration Presidency	OSGB TSM		
	<p>-Determining the training titles</p> <p>In line with the results obtained from the workshop and other meetings, the training programs should cover the following topics (planning of training programs to be renewed and planned for sectoral and / or specialist training);</p> <ul style="list-style-type: none"> • Training of Trainers - effective methods to be used in adult education and presentation techniques - applied 	GAP Regional Development Administration Presidency GAP Regional Development Administration	Universities Ministry of Health MNE	The duration of training will change according to the scope of training subjects. For this reason, it is also useful to set the duration of the program to be created by the Training Service Provider	
	<p>OSS Renewal Trainings:</p> <ul style="list-style-type: none"> • Current OHS Legislation, International Conventions and Standards • OHS risk assessment • Work equipment - protective systems, maintenance and repair work and periodic checks • Chemistry management in the workplace • Electrical hazards and electrical standards • Preparation and implementation of emergency procedures and plans, evacuation and drills • Fire and explosion protection systems • Ventilation systems • Ergonomic principles 	Training Service Provider		25 People / 5 Days	30.200,00 ₺

	OSS Sectoral / Special Trainings:				
	<ul style="list-style-type: none"> • Risk Management-Risk Assessment Methods and Sectoral Application Examples 	Training Service Provider		20 People / 2 Days	13.600,00 ₺
	<ul style="list-style-type: none"> • Preparation of safety precautions and explosion protection documents in explosive atmospheres (relevant standards and criteria) • Work permits (closed areas, explosive environments) • Accident investigation and inspection 	Training Service Provider		20 People / 2 Days	13.600,00 ₺
	<ul style="list-style-type: none"> • Storage, transport and use of explosives and igniters in mining operations 	Training Service Provider		20 People / 2 Days	13.600,00 ₺
	<ul style="list-style-type: none"> • Precautions to be taken in steps and slopes in over ground mining enterprises • Preparation of Health and Safety Document in the mining sector 				
	<ul style="list-style-type: none"> • Construction industry hazards and prevention strategies • Building demolition, safety measures in excavation works • Preparing OHS Plan in the construction sector 	Training Service Provider		20 People / 1 Days	5.500,00 ₺
	<ul style="list-style-type: none"> • OHSAS 18001 OHS Management System (OHSAS 18001 management system examples) 	Training Service Provider		20 People / 1 Days	5.500,00 ₺

	<ul style="list-style-type: none"> - Determination of training methods according to the target group profile (participant and practitioner) - Preparing the necessary materials (equipment, training documents, films etc.) - Providing the training documents (such as printed document, flash memory etc.) to participants 	<p>GAP Regional Development Administration Presidency</p> <p>Training Service Provider</p>	Universities		
	<ul style="list-style-type: none"> -Implementation of trainings Preparation of the training report including the measurement and evaluation and the delivery of the competent authority 	<p>GAP Regional Development Administration Presidency</p> <p>Training Service Provider</p>		Number of participants for each program 20-25 people	
Workplace Doctor	<ul style="list-style-type: none"> - Establishing the criteria for setting the target group and selecting the group Training of Trainers - effective methods to be used in adult education and presentation techniques - applied -Determining the training titles - In line with the results obtained from the workshop and other meetings, the training programs should cover the following topics (planning of training programs to be renewed and planned for sectoral and / or specialist training); 	<p>GAP Regional Development Administration Presidency</p> <p>Training Service Provider</p>	Universities		<p>The duration of training will change according to the scope of training subjects. For this reason, it is also useful to set the duration of the program to be created by the Training Service Provider.</p>

	<p>Workplace Doctor Renewal Training</p> <ul style="list-style-type: none"> - Current situation in the world and our country - International regulations and OHS legislation in our country - Risk Assessment - Working environment surveillance - Health Surveillance of Employees: recruitment and periodic health examinations, health education, etc. - Health assessment of work accidents 	<p>Training Service Provider</p>		<p>25 People / 5 Days</p>	<p>30.200,00 €</p>
	<ul style="list-style-type: none"> - Assessment of occupational diseases and diseases related with work - Ethical issues in occupational health and safety - Case studies 				

	<p>Workplace Doctor Sectoral Training</p> <ul style="list-style-type: none"> - Sector specific risk assessment - Sector specific working conditions - Sectoral Work Environment Surveillance - Health surveillance practices of employees in the sector - Sector specific work accidents and occupational diseases and ways of protection <p>Determination of training methods according to the target group profile (participatory and practitioner)</p> <p>Preparing the necessary materials (equipment, training documents, films etc.)</p> <p>- Providing the training documents (such as printed document, flash memory etc.)</p>	<p>GAP Regional Development Administration Presidency</p> <p>Training Service Provider</p>	<p>Universities</p>		
<p>Other Health Personnel</p>	<p>Establishing the criteria for setting the target group and selecting the expert group</p> <p>Training of Trainers - effective methods to be used in adult education and presentation techniques - applied</p> <p>-Determining the training titles</p> <p>In line with the results obtained from the workshop and other meetings, the training programs should cover the following topics (planning of training programs to be renewed and planned for sectoral and / or specialist training);</p>	<p>GAP Regional Presidency of Administration Development</p> <p>GAP Regional Presidency of Administration Development</p> <p>Education Service Provider</p> <p>Training Service</p>	<p>OSGB TSM</p> <p>Universities Health Ministry M.N.E.</p>		<p>The duration of</p> <p>For this reason, the</p>

	<p>OHP Renewal Training</p> <ul style="list-style-type: none">- Current situation in the world and our country- International regulations and OHS legislation in our country- General information on risk assessment and working environment surveillance- The role of OHP in Health Surveillance of Employees	Provider GAP Regional Presidency of Administration Development Training Service Provider			
	<ul style="list-style-type: none">- Assessment of work accidents, occupational diseases and diseases related with work- Ethical issues in occupational health and safety- Assessment of cases by OHP <p>Determination of training methods according to the target group profile (participatory and practitioner)</p> <p>Preparing the necessary materials (equipment, training documents, films etc.)</p> <p>- Providing the training documents (such as printed document, flash memory etc.) to participants</p>		Universities		

**II- IMPROVEMENT OF WORKING ENVIRONMENTAL CONDITIONS
APPLICATION PLAN**

Within the scope of OHS Law No. 6331; "To prevent occupational risks, to take all kinds of measures including education and information, to make the organization, to provide necessary tools and equipment, to make health and safety measures compatible with the changing conditions and to improve the existing situation; Fighting against risks with resources; Taking care of the design of the workplaces and the selection of the work equipment, working style and production methods for making the work suitable for the persons; To adapt to technical developments; Priority to collective protection measures, personal protection measures "are among the obligations of employers.

In the field studies carried out in the TRC1 Region, the determinations of OHS professionals serving in the region; In particular, that SME employers have serious financial constraints to take preventive and remedial measures that require investment in the OHS Legislation.

Purpose: Reduction of work-related accidents and occupational diseases and business-related financial losses by promoting improvement of working environment conditions in the private sector (especially SMEs)

Target Group	Activities	Responsible Institution / Organization	Cooperating Institution / Organization	Approximate Cost
SME workplaces	Technical measures to be taken to improve OHS conditions at workplaces and resource allocation for incentives to be established (1)	Ministry of Development Ministry of Science, Industry and Technology CSGB	Chamber of Industry Chamber of Commerce KOSGEB (2) Development Agencies (2)	
	<ul style="list-style-type: none"> - Determination and announcement of application criteria to benefit from incentives - Informing the suitable workplaces about the application conditions - Providing training and consultancy services to improve the project preparation capacities of the workplaces in project-based incentives - Support for transactions such as measurement, testing etc. for the improvements 	Ministry of Development		
	Evaluation of applications and transfer of resources	Ministry of Development		
	Monitoring and control of resource utilization	Ministry of Development		

(1) In accordance with the data obtained from the workshop and the questionnaires, it is recommended that the following technical measures and systematic improvements be included in the scope of the incentive.

- Local and general ventilation systems
 - Air conditioning systems
 - Fire safety (prevention and extinguishing systems)
 - Use of high safety machinery and equipment
 - Systems to prevent falling from height in construction works
 - Measures to be taken in electrical installation against fire and explosion risk
 - Revision of safety equipment of machines with outdated technologies
 - Any substitution related to safe operation
 - OHS-Management System (TS 18001)
 - Quality Management System (TS EN ISO 9001)
 - Environmental Management System (TS EN ISO 14001)
- (2) Support programs of institutions such as KOSGEB, Development Agencies can be used.

III- IMPLEMENTATION PLAN FOR INCREASING QUALITY OF OHS APPLICATIONS

Purpose: Areas and improvement activities needed to be developed for increasing the quality of OHS applications in the TRC1 Region

Determination of regional OHS policies

The OHS policy to be shaped by parameters such as cultural background, level of education, industrial structure and diversity, work accidents and occupational diseases will affect positively the motivation and social consciousness of related institutions and organizations.

Gaziantep City Council - Occupational Health and Safety Working Group's infrastructure, member profile and activities that it has done about OHS indicate that it can play an active role in determining the "Regional OHS Policy" and the activities to be carried out in this context.

Activities	Responsible Institution / Organization	Cooperating Institution / Organization	Number of Participants and Duration	Approximate Cost
<ul style="list-style-type: none"> -Policy identification studies and identification of guiding institution related with continuous application (secretariat etc.) - Meeting to inform social parties and stakeholders - Training planning and implementation in order to increase the capacity of the designated institution (e.g.: preparation and implementation of regional projects) 	Ministry of Development	<ul style="list-style-type: none"> CSGB, MNE, Ministry of Health Ministry of Science, Industry and Health Provincial Representatives Chamber of Industry Chamber of Commerce Trade Unions Metropolitan Municipality City Council Chambers of Occupation Universities Civil Society Organizations etc. 		
<ul style="list-style-type: none"> -Works on determination of regional policies and targets -Preparing the action plans for targets - Resource support for the realization of actions (e.g. campaigns, seminars, workshops under the regional OHS policy) 	<ul style="list-style-type: none"> GAP Regional Development Administration Training Service Provider 			
<ul style="list-style-type: none"> - Monitoring of actualization status of the targets and performance evaluation -Reporting and informing related institutions / organizations 	<ul style="list-style-type: none"> Ministry of Development GAP Regional Development Administration 			
New goal setting studies and process restart	Ministry of Development			

Increasing the quality of regional OHS services and practices

Data obtained from researches and field applications carried out within the scope of OHS-UKAP indicate that the Regional OHS problems are similar to problems throughout Turkey. For this reason, the active involvement of the main actors in the TRC1 Region in the projects, collaborations and actions defined within the scope of the National Occupational Health and Safety Policy for the resolution of Turkey's general problems; At the regional level, it will contribute to increasing the quality of OHS services and practices, and at the national level, it will provide important contributions to the expansion, sustainability and effective use of resources.

On the other hand, OHS professionals working in OSGs in the region will be able to see examples of good practice in the country or abroad in place to increase the effectiveness of the training they receive under OHS-UKAP and to improve their professional development.

<p>- Informing the OSGBs serving in the region about the standards developed within the OSGB-HISIP project</p> <p>- Encouragement of OSGBs on harmonization with the standards developed within OSGB-HISIP project</p>	<p>Ministry of Development CSGB</p>			
<p>In order for the OHS Professionals to implement the sectoral OHS Management System in the TRC1 Region, especially in the SMEs;</p> <ul style="list-style-type: none"> • Technical trips to see good practice examples and to obtain information in at least two different sectors that have been implemented within the scope of ISGIP (Ankara-construction sector as priority sectors and Kocaeli-metal sector applications can be selected) 	<p>Ministry of Development CSGB</p>	<p>Selected work places for technical visit</p>	<p>20 people / 2 days (excluding road)</p>	<p>39.600,00 ₺</p>
<p>With the aim of increasing the effectiveness of OHS trainings given by OHS professionals mainly in TRC1 Region establishments;</p> <ul style="list-style-type: none"> • Trainers' training programs, laboratory and practice workshops, and technical visits to the BGAG Institute of Occupational Health and Safety in Dresden, Germany 	<p>Ministry of Development</p>	<p>BGAG Institute of Occupational Health and Safety</p>	<p>20 People / 5 Days</p>	<p>65,550.00 €</p>

TRC1 Region - Improvement of OHS conditions in the agricultural sector

The agriculture sector is a challenging area of OHS due to its unique working conditions (such as accessibility of OHS services in addition to the weight of working conditions, unregistered work, difficulties in auditing) and it necessitates the determination of medium and long-term strategies.

For this reason, it will be more efficient and effective to utilize the actions determined within the scope of the National Occupational Health and Safety Policy and the projects carried out at the national and regional level while working towards the agricultural sector in the Region.

<p>-The selection of TRC1 as pilot application area in the National Occupational Health and Safety Policy Document within the scope of Objective 5 and the following actions will support the work to be done towards the agriculture sector within the scope of OHS-UKAP:</p> <ul style="list-style-type: none"> • Establishment of a system to reach all agricultural employers • Increasing the number of research and investigation activities for employees in agriculture sector • Improving and developing the working and living conditions of seasonal employees 	<p>Ministry of Development CSGB</p>	<p>Ministry of Agriculture Employers and trade unions Universities Harran University OHS Application and Research Centre for Agriculture</p>		
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<p>Short-term works to be conducted in order to raise awareness among agricultural sector employees and employers:</p> <ul style="list-style-type: none"> • In the agricultural sector, the existing documents (guides, check lists, etc.) about OHS should be delivered to TRC1 Region agricultural sector employers and employees • Local TV programs on frequent accidents the agricultural sector, chemical exposure and ways of protection, hygiene, etc., • Taking into account the level of education of employees in the sector and preparation and distribution of posters and informative brochures (predominantly illustrations can be preferred) • Educational films for children (cartoons) • It is important to encourage universities in the GAP Region to undertake research on OHS in the agricultural sector (it should be noted that the researches carried out in this context are not only at the scientific publication level, but also the results reach the target group and improve their working conditions) 	<p>Ministry of Development CSGB GTHB</p>	<p>Ministry of Agriculture Employers and trade unions Universities Harran University OHS Application and Research Centre for Agriculture</p>		
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Elimination of Regional Infrastructure Deficiencies

In line with the information obtained from studies carried out in the TRC1 Region; it has been determined that there are very important initiatives that will contribute directly or indirectly to the promotion of OHS standards, as well as areas that need to be improved.

<p>- Incentives to increase the training capacity of the GSO-Gaziantep Vocational Training Complex, especially in hazardous and extremely hazardous jobs (especially in application workshops, simulations of equipment use)</p> <p>Encouraging the institutions / organizations working with the aim of being an "Authorized Certification Body" especially in hazardous and extremely hazardous works in the TRC1 Region</p>	<p>Ministry of Development CSGB M.N.E.</p>			
<p>-In order for the employers to procure cheaper and higher quality services;</p> <ul style="list-style-type: none"> • Encouragement of the establishment of toxicology laboratories • Installations for authorized measurement-analysis-test laboratories and incentives to increase capacity of existing ones 	<p>Ministry of Development CSGB Ministry of Health</p>	<p>Chamber of Industry Chamber of Commerce Organized Industrial Zones (OSB) Universities</p>		

<p>- Online Interactive Risk Assessment software especially for micro and small scale businesses</p> <p>-web portals</p> <ul style="list-style-type: none"> • Construction and mining can be selected as priority sectors (designed to enable employees and employers to access all kinds of OHS information that can be used by OHS professionals and students) • Providing access to documents published by CSGB through the web portal to be created 	<p>Ministry of Development</p>	<p>Chamber of Industry Chamber of Commerce OSB Trade Unions Universities Related Professional Chambers Related Civil Society Organizations</p>		
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(ISGGM and ISGUM)

-Publication- Documentation

- Prepare documents for regional needs using documents published by institutions such as EU-OSHA and ILO (good practice examples, guides, checklists, brochures, information sheets)
- Preparing periodical "OHS Bulletin" including news and announcements related to OHS related to national and regional projects, events, examples of good practice, striking OHS statistics and delivering them to the workplaces (electronic media and / or printed)

Trainings and seminars for TRC1 Region, different sectors and different target groups within the scope of OHS-UKAP; incentives to improve the work environment in the workplace; a wide range of activities will be undertaken, such as activities to address the needs for increasing the quality of OHS practices in the region.

It will be useful to establish a "Project Management and Coordination Unit" headquartered in Gaziantep, with the need to manage the work effectively (planning, implementing, controlling, monitoring, evaluating, taking precautions against emerging risks).

EMPLOYER QUESTIONNAIRE DATA ANALYSIS

GENERAL INFORMATION

PURPOSE OF THE STUDY:

The purpose of this study is to statistically analyse and evaluate the survey study on employers, one of the parties of Occupational Health and Safety implementations in Adiyaman, Kilis and Gaziantep provinces within the scope of THE PROJECT FOR IMPROVING THE QUALITY OF OCCUPATIONAL HEALTH AND SAFETY IMPLEMENTATION IN GAP REGION, which is conducted by GAP Regional Development Administration Regional Directorate of Ministry of Development, Turkey.

DETAILS OF THE STUDY:

Within the scope of the study, 44 employers were reached from the related provinces and the Questionnaire (Attached) was implemented with one-on-one visits.

EVALUATION METHODOLOGY:

The questions were analysed using percentage ratios and weighted average techniques. The answers of each question in the questionnaires were entered into the computer environment and turned into a graph on MS Excel and graphics and the results were interpreted.

DETAILS OF THE ANALYSIS

The findings and analysis of each question in the questionnaire are as follows.

1. Province of Your Workplace

Name of the	Number of	Percentage
Gaziantep	40	90.91%
Kilis	1	2.27%
Adiyaman	3	6.82%



Description: According to the samples made, the target group amount was determined according to the provinces and the employers were accessed within this direction. A large percentage of the participation was from Gaziantep province at 91%.

2. What is your Occupational Title?

Title	Number of	Percentage
Employer	12	27.27%
Employer's	32	72.73%



Description: It has been imagined that employers will not be interested in the questionnaires and it has been decided to identify this data. 73% of the employers were reached in the field of Occupational Health and Safety and their ideas about the process were taken.

3. What is your Date of

Age Range	Number of	Percentag
21-30	1	2.63%
31-40	11	28.95%
41-50	18	47.37%
51-60	8	21.05%
Min		27
Max		56
Average.		43



Description: Participants were usually young and middle age employers; age range differing between 27 and 56.

4. What is your Gender?

Gender	Number of	Percentag
Female	5	11.36%
Male	39	88.64%



Description: It has been observed that 89 % of the participants were male, and 5 % were female employers.

5. What is your level of education?

Educational	Number of	Percentag
Basic Training	3	6.82%
Hig	6	13.64%
Associate	7	15.91%
Undergrad	20	45.45%
Graduate	8	18.18%
Ph.D.	0	0.00%



Description: Approximately 64% of the participants were graduates from undergraduate and post-graduate programs.

6. How many businesses do you own or manage?

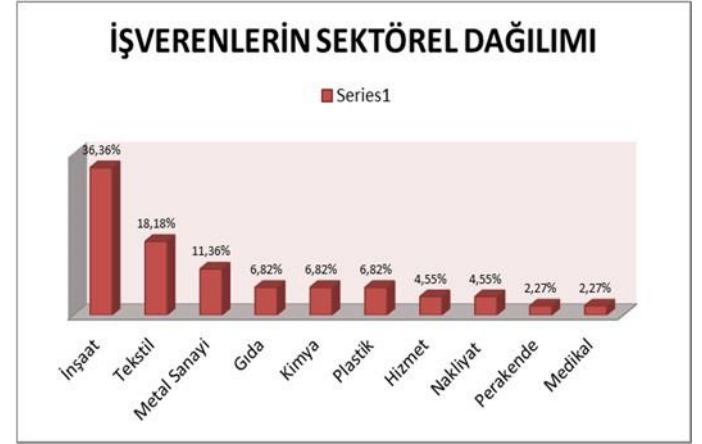
Number of	Number of	Percentag
1	26	59.09%
2	10	22.73%
3	3	6.82%
4 and above	5	11.36%



Description: 59 % of participants who have completed the survey have a single workplace.

7. What is the main industry of activity?

Sector	Number of	Percentag
Constructi	16	36.36%
Textile	8	18.18%
Metal Industry	5	11.36%
Food	3	6.82%
Chemicals	3	6.82%
Plastic	3	6.82%
Service	2	4.55%
Transport	2	4.55%
Retail	1	2.27%
Medical	1	2.27%



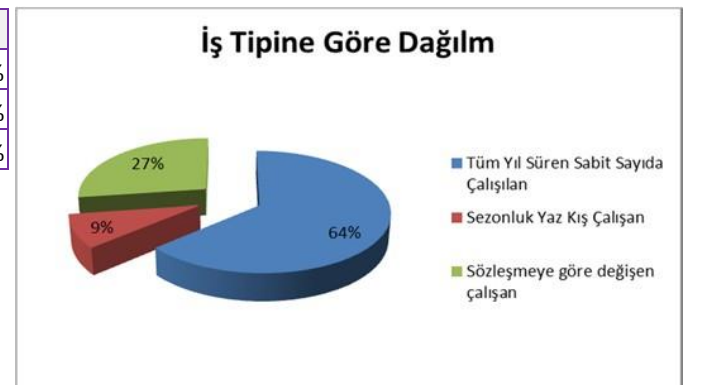
Description: Regarding the sample reached for the survey, the sectors in hazardous and extreme hazardous class have been reached by the employers with priority and reached to the employers of the establishments operating in construction, textiles and metal industry in the majority.

8. What is the sub industry of activity?

Employers in the sectors that participated in the survey and mentioned in the previous question are engaged in sub-sectors such as Polyurethane Raw Material Manufacturing, Masterbatch Manufacturing, Plastic Injection, Carpet, Tube Manufacturing, Metal Tank Manufacturing, Informatics, Hypermarket, Sack, Carpet Yarn Manufacture and Meat Production.

9. How do you define your business?

Business Type	Number of	Percenta
All Year Long Fixed Number of	28	63.64%
Seasonal, Winter and Summer	4	9.09%
Employee type depending on	12	27.27%

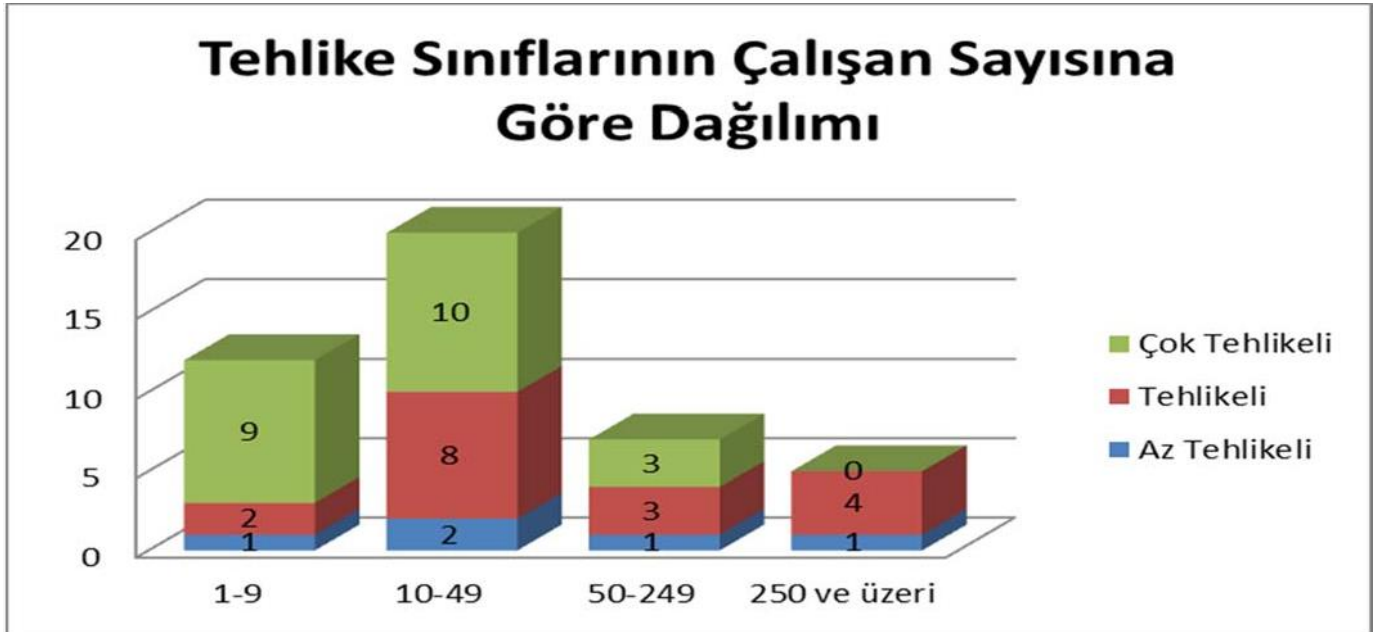
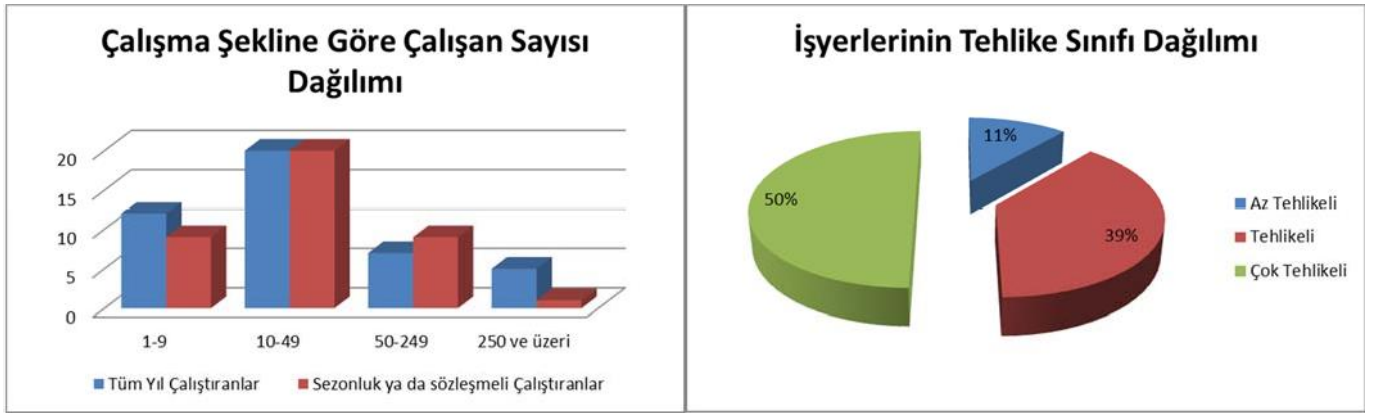


Description: The employers participating in the survey mostly carry out their activities with a fixed number of employees working all year round.

10. What is the number of employees working for you all year round?
 11. What is your seasonal number of employees?
 12. What is the Hazard Class of your workplace?

Questions 10, 11 and 12 are evaluated together.

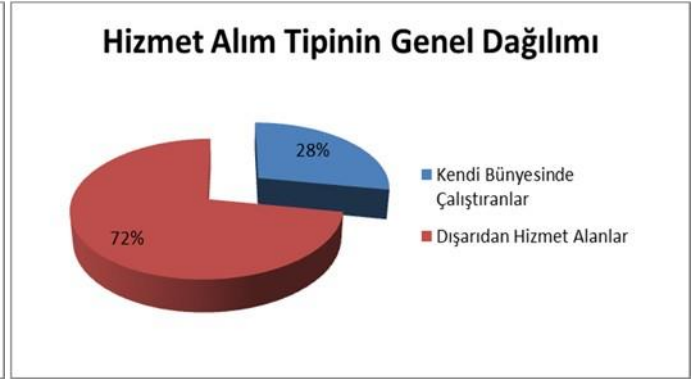
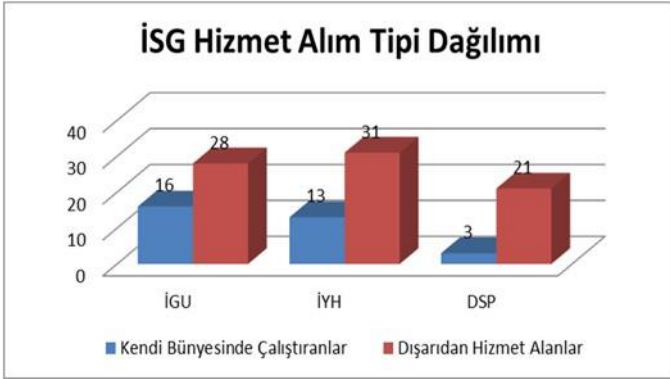
Number of People	All Year Long			TOTAL	Seasonal or Contracted			TOTAL
	Minor	Hazardous	Major Hazard		Minor Hazard	Hazardous	Major	
1-9	1	2	9	12	0	3	6	9
10-49	2	7	11	20	3	4	13	20
50-249	1	3	3	7	1	5	3	9
250 and	1	4	0	5	0	0	1	1



Description: Employers who participated in the survey carried SMEs according to the number of employees with a ratio of approximately 88%. It is observed that 50% of the workplaces have major hazards, 39% have hazards and 11% have minor hazards. It has been found that seasonal or contractual operating conditions of major hazard enterprises are higher than other hazard classes, especially in the construction sector, this figure supports the figures.

13. Check on the table about the provision of occupational health and safety services

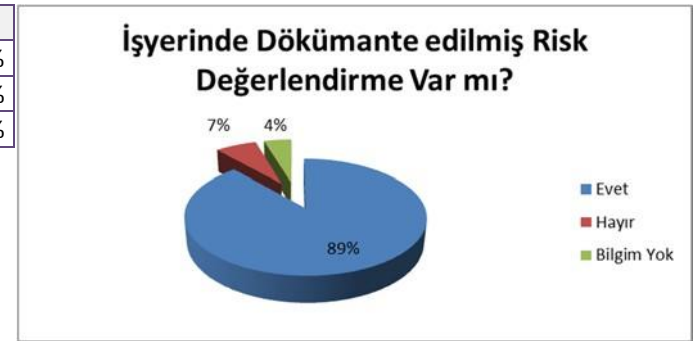
	İGU	İYH	DSP	Percentage %
Those employ within	16	13	3	27.68%
Outsourcing	28	31	21	71.43%



Description: Employers included in the survey are engaged in occupational health and safety services by purchasing services outsourced by 72% and employing OHS professionals in their own organizations by 28%. When employment or service purchasing rates are compared, the most employed OHS professional type is Occupational Safety Specialist, and the mostly purchased service type is Health Personnel Service.

14. Does your workplace have a documented risk assessment report available?

	Answer	Percentage
Yes	39	88.64%
No	3	6.82%
I Don't Know	2	4.55%



Description: Within the survey, 89% of employers have stated that there is a documented risk assessment report in the workplace.

15. Has your Risk Assessment Team been created at your workplace?

	Answer	Percentage
Yes	34	77.27%
No	6	13.64%
I Don't Know	4	9.09%



Description: It has been analysed that 77 % of the workplaces participated in survey have established a Risk Assessment Team.

16. Do you participate in risk assessment work as an employer / employer

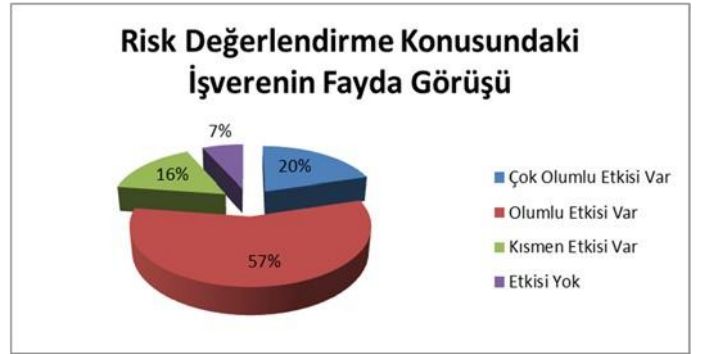
	Answer	Percentag
Yes	30	68.18%
No	12	27.27%
I Don't Know	2	4.55%



Description: 68% of employers who responded to the survey stated that they participated in the risk assessment work done in the workplace.

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

	Answer	Percentag
It Has a Very Positive Impact	9	20.45%
It Has Positive Impact	25	56.82%
Partially effective	7	15.91%
It Has No Impact	3	6.82%



Description: 57% of the employers who responded to the survey rated the impact of the risk assessment studies on the conditions of employment as Positive and 20% as Very Positive. 16% of the respondents see it partly, 7% stated that they did not see any impact and the quality parameters of services provided at this stage can be determined and root causes can be discussed.

18. Which of the following is suitable for your workplace in fulfilling the risk assessment proposals made by OHS professionals (occupational safety specialist, workplace doctor)?

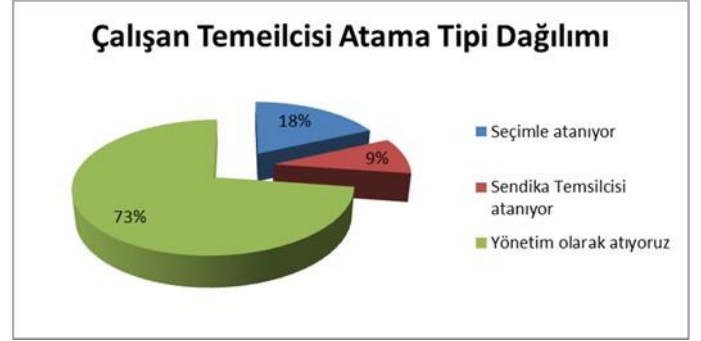
	Answer	Percenta
Promptly fulfilled	7	15.91%
A priority order is taken into account based on the risk assessment results.	13	29.55%
A specific priority order is taken into account, taking into consideration the costs.	15	34.09%
We assign partially as the Management due to the fact that the costs are high.	9	20.45%
We assign depending on the case as the Management due to the fact that the costs	0	0.00%



Description: When we asked for their own situation regarding the performance of the designated risk-assessed actions, 30 % of the employers have said that they can fulfil the actions taking into account the risk assessment results. The remaining 70%, puts the actions in priority order or does not fulfil them in the direction of financial maturity. Determining the priority order of the cost factor during the actions taken as a result of Risk Assessment activities or affecting the occurrence or non-occurrence of the activities will increase the likelihood of accidents or nonconformities occurring during the OHS processes.

19. In what way is your employee representative(s) selected at your workplace?

	Answer	Percenta
They are appointed by election	8	18.18%
A Union Representative is Appointed	4	9.09%
We appoint them as Management	32	72.73%



Description: 73% of the employers who participated in the survey said that they appoint the Employee Representatives in writing, which could affect the neutrality of the employee representative. 18 out of 100 workplaces have their employee representatives elected.

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

	Answer	Percenta
Yes	32	72.73%
No	5	11.36%
Partially	7	15.91%



Description: In line with the questionnaire survey, the opinions of the employees working in 73 of every 100 workplaces are influential in the measures taken.

21. Do you make the necessary measurements / analyses / tests regarding the supervision of the working environment and the periodic checks of the work equipment at your workplace?

	Answer	Percenta
Yes	25	56.82%
No	4	9.09%
Partially	14	31.82%
I Don't Know	1	2.27%

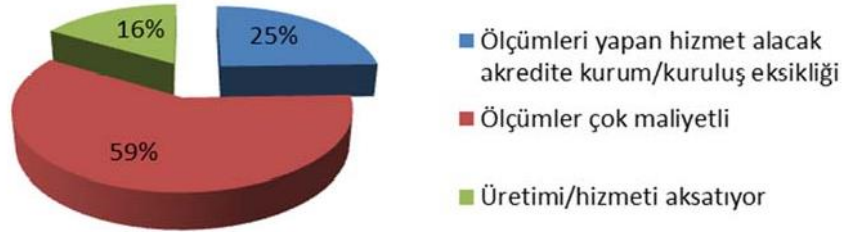


Description: Periodic inspection and environmental measurements included in legal requirements are made in 57 of every 100 workplaces, partly in 32, and not in 9.

22. If your workplace does not measure the monitoring of the working environment, which of the following is the most important reason?

If you do not make measurements at your workplace, what is the reason?	1	2	3	4	Weighted Average Score	Percentage %
Lack of accredited institutions / organizations that will make	6	2	2	0	6	24.49%
Measurements are very costly	18	2	0	0	14.5	59.18%
It hinders production/services	1	6	1	0	4	16.33%

İŞYERİNDE ÖLÇÜMLERİN YAPILMAMASININ NEDENİ

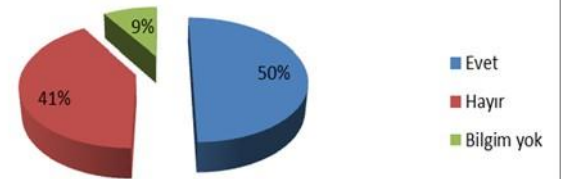


Description: The top of difficulties encountered in making workplace environment measurements and periodic examinations are the costs that the employer creates for measurements at 59%. Also, 25 employers have said that the number of accredited institutions for measurement was not sufficient in the region; while 16 out of the 100 have shown production and service disruption in the measurement process.

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

	Answer	Percentage
Yes	22	50.00%
No	18	40.91%
I Don't Know	4	9.09%

İşyerinde Kaza ve Ramakkala Bildirim Sisteminin Bulunma Oranı



Description: Participant have stated that 41 out of 100 workplaces do not have a systematic structure for determination and notification of near-miss accidents. The main determinative factor in this shortcoming is the lack of a standardized management system in the workplace.

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

	Answer	Percenta
Yes	10	22.73%
No	13	29.55%
Partially	11	25.00%
I Don't Know	10	22.73%



Description: Only 23% of the workplaces use accident and near miss notification systems. This situation can be regarded as the proportion of establishments having management systems with such sustainability.

25. If your workplace has an OHS Board; are the Board decisions effectively implemented?

	Answer	Percenta
Yes	14	36.84%
No	9	23.68%
Partially	10	26.32%
I Don't Know	5	13.16%



Description: According to the results of the questionnaire, 37% of the workplaces with OHS boards are actively implementing the decisions of the OHS board. The decisions are partially implemented in 26 %; and they are only kept as records in 24 %.

26. Do your employees actively participate in OHS activities?

	Answer	Percenta
Yes	26	59.09%
No	13	29.55%
I Don't Know	5	11.36%



Description: According to the survey results, 59% of the employee representatives working in the workplaces actively participate in the OHS activities.

27. Do you think employee representatives are significant contributors to OHS activities?

	Answer	Percent age
Yes	30	68.18%
No	5	11.36%
Partially	5	11.36%
I Don't Know	4	9.09%



Description: 68% of the employers who participated in the survey think that the employee representatives have a positive effect on OHS works. 9% of employers need training in this regard

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

	Sensitive	Partially	Not Sensitive
Opinions of Employers	15	22	7
General percentage Average	34.09%	50.00%	15.91%
Sensitivity Scoring Factor	1	0.5	0
Calculation with Weighted Average	Sensitive	59.09%	
	Not	40.91%	



Description: 59 out of every 100 employers think employees are sensitive about occupational health and safety.

29. Do you experience any difficulties in implementing OHS legislation in your workplace?

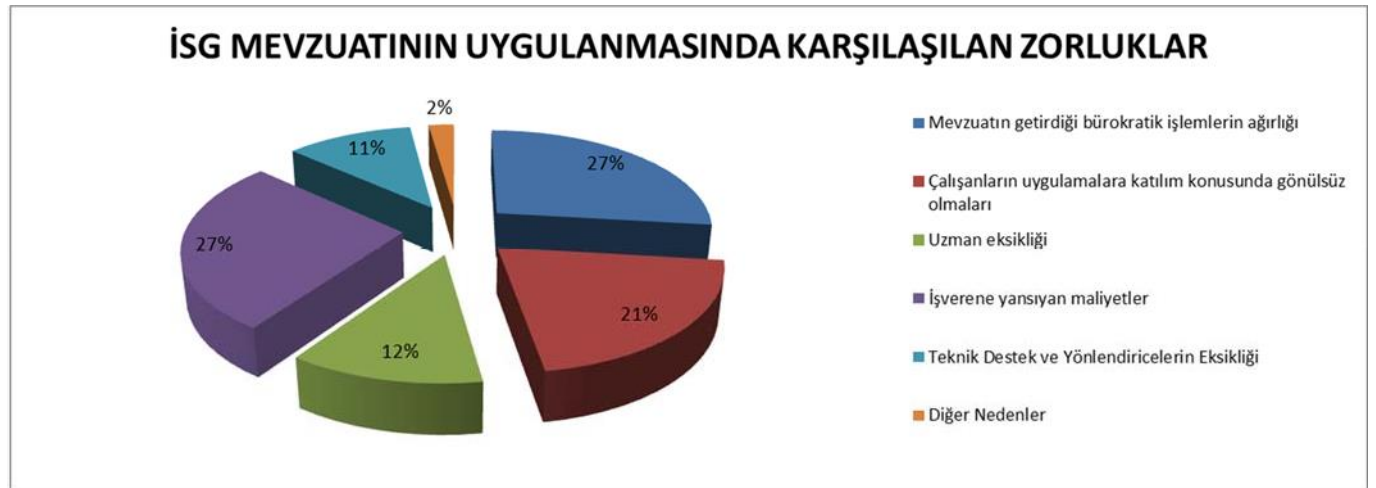
	Answer	Percentag
Yes	12	27.27%
No	12	27.27%
Partially	21	47.73%



Description: 26 % of the employers do not have any difficulty with the implementation of OHS legislation. 47 % of them have a partial difficulty, this might be related with the legislation being new and within the process of adaptation.

30. If you are experiencing difficulties with the implementation of OHS Regulations, which of the following is the most important issue for you?

If you are experiencing difficulties with the implementation of OHS Regulations, which of the following is the most important issue for you?	1	2	3	4	5	6	7	Weighted Average	Percentage %	Priority Order
Burden of bureaucratic procedures brought by legislation	15	3	2	2	1	0	0	17.182	26.89%	2
Employees' hang back on participating	5	6	7	1	1	0	0	13.206	20.67%	3
Lack of experts	3	3	1	5	1	0	0	7.668	12.00%	4
Costs reflected on employer	9	9	4	1	2	0	0	17.324	27.11%	1
Lack of Technical Support and Guides	1	2	4	6	0	0	0	7.1	11.11%	5
Other Reasons	1	0	1	0	0	0	0	1.42	2.22%	6



Description: Regarding the problems faced about the implementation of legislation, employers have stated that the costs reflected on employer is very effective; which is followed by the burden of bureaucratic procedures.

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

Answer	Percentage
Yes	70.45%
No	2.27%
Partially	27.27%
I Don't Know	0.00%



Description: Employers reported that 71% of employees are contributing to occupational health and safety training. 2 % have stated that the attendance to training was not provided.

32. Are opinions of employee representatives / employees taken during the creation of training plan?

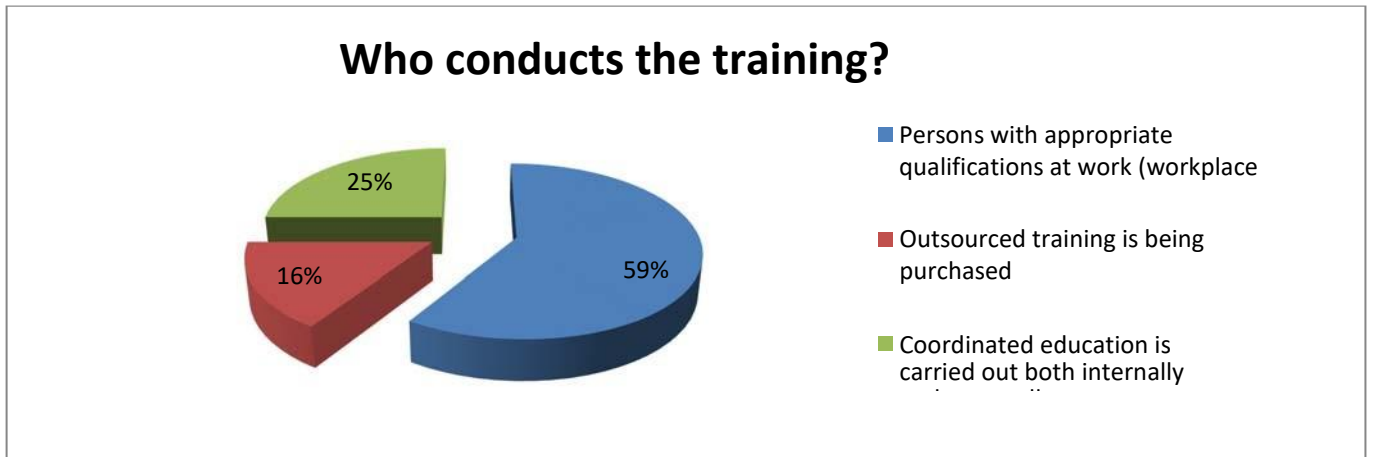
	Answer	Percentage
Yes	28	63.64%
No	5	11.36%
Partially	8	18.18%
I Don't Know	3	6.82%



Description: 64 % of employers have stated that the employees' opinions are received during the preparation of training plan.

33. Who conducts the training?

	Answer	Percentage %
Persons with appropriate qualifications at work (workplace doctor, occupation safety)	26	59.09%
Outsourced training is being purchased	7	15.91%
Coordinated education is carried out both internally and externally.	11	25.00%



Description: According to the surveys conducted in the workplace, 59 % of employees' training on occupational health and safety are performed by qualified persons in the workplace.

34. Which methods are implemented for trainings?

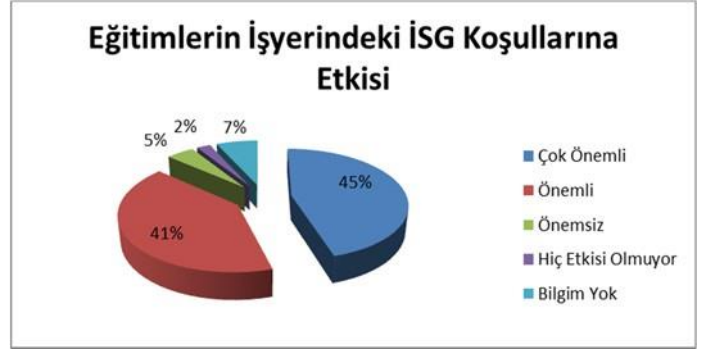
	Answer	Percentage
Only Theoretical	12	27.27%
Theoretical and Practice	29	65.91%
Only Practical	0	0.00%
I Don't Know	3	6.82%



Description: According to the employers, in the training process concerning the occupational health and safety of the employees, the theoretical and practical training is 66% and theoretical training is only 27%.

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

	Answer	Percentage
Very Important	20	45.45%
Important	18	40.91%
Not Important	2	4.55%
No Impact	1	2.27%
I Don't Know	3	6.82%



Description: According to the employers, the effect of the training on occupational health and safety of the employees on the OHS conditions at the workplace seems to be very important.

36. Is resource planning for OHS activities conducted 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 doctor and occupational safety specialist fees?

	Answer	Percentage
Not Conducted	14	31.82%
500 TL - 1000 TL	5	11.36%
1001 TL - 2500 TL	3	6.82%
2501 TL - 5000 TL	4	9.09%
5001 TL - 10000 TL	12	27.27%
10000 TL and above	6	13.64%



Description: It has been determined that 32% of the employers who participated in the survey did not plan resources for OHS.

37. If you are doing budgeting and resource planning for OHS, are your allocated resources sufficient?

	Answer	Percentage
Yes	9	20.45%
No	21	47.73%
Partially	14	31.82%

Resources are Sufficient	44.32%
Resources are Insufficient	55.68%

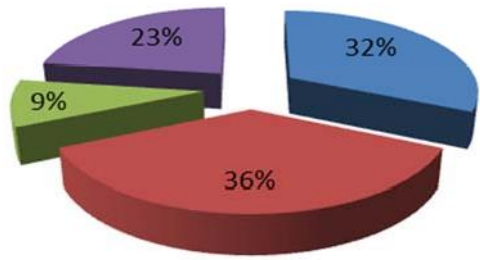


Description: 56 % of the employers participating in the survey have a problem of insufficient financial resources in terms of Occupational Health and Safety.

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

	Answer	Percentag
From the past year's expenses data	14	31.82%
From the work program of OHS professionals	16	36.36%
Incoming information from purchasing units	4	9.09%
I set an estimated value	10	22.73%

İSG ile ilgili kaynak planlamasında ihtiyacınızı neye göre belirliyorsunuz?



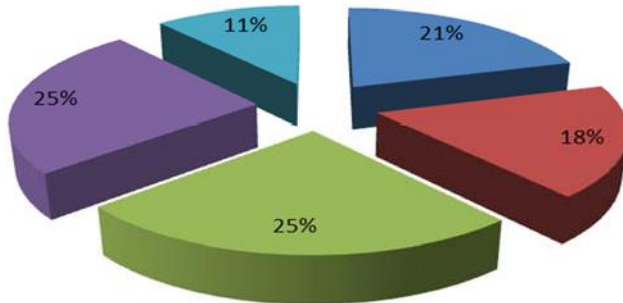
- Geçmiş yıllarda elde ettiğim gider verilerinden
- İSG profesyonelleri tarafından sunulan çalışma programından
- Satın alma birimlerinden gelen bilgiler doğrultusunda
- Tahmini bir değer belirliyorum

Description: Employers who participate in the survey differ in the way they determine the needs of the OHS in resource planning, and majority of them are planning in line with the work program offered by the OHS professionals.

39. Which method do you follow for the OHS related procurement process?

	Answer	Percentag
Self-research and decision-making	9	20.45%
My purchasing managers conduct a research	8	18.18%
I research under the guidance of OHS professionals and decide myself	11	25.00%
Purchasing managers search and decide with guidance from OHS professionals	11	25.00%
I decide for the cheapest option	5	11.36%

İSG ile ilgili satın alma sürecinde nasıl bir yol izliyorsunuz?

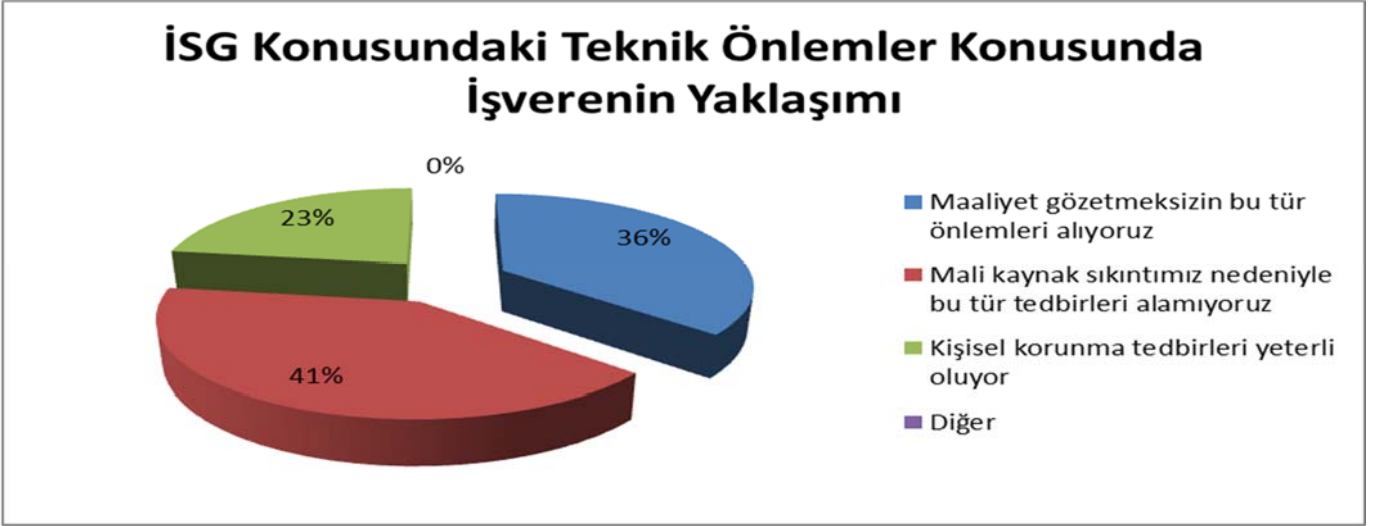


- Kendim araştırır ve karar veririm
- Satın almadan sorumlu yöneticilerim araştırır
- İSG profesyonellerinin rehberliğinde kendim araştırır karar veririm
- İSG profesyonellerinin rehberliğinde satın alma yöneticilerim araştırır ve karar verir
- En ucuz olana karar veririm

Description: Majority of employers participated in survey use the inputs from OHS professionals during purchases related with occupational health and safety.

40. What is the best way to approach your workplace in terms of technical measures that require higher investment, such as ventilation, machine protectors, closed system operation?

	Answer	Percentage
We take such measures without considering the costs	16	36.36%
We are unable to take such measures due to our financial resource problems	18	40.91%
Personal protective measures are sufficient	10	22.73%
Other	0	0.00%



Description: 41% of the employers, do not receive technical measures that require higher investment in part. Ventilation, machine protectors, closed system work, etc. mostly due to financial resource constraints

41. Which of the following is the most important challenge your workplace faces in terms of fire safety?

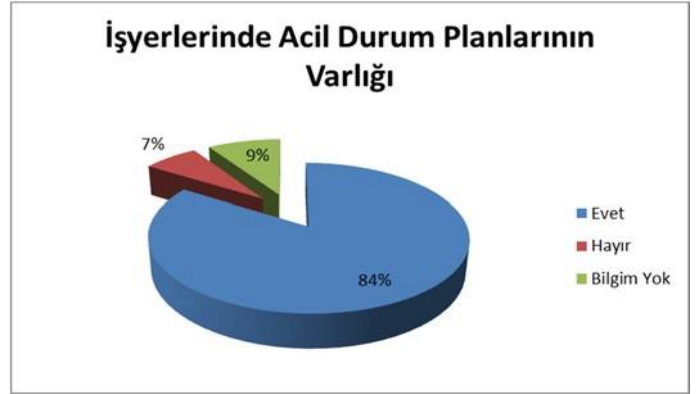
	Answer	Percentage
Lack of training	17	38.64%
Lack of Personal Protective Equipment	2	4.55%
Lack of information and expertise	2	4.55%
Lack of fire prevention systems due to their cost	23	52.27%



Description: Employers have stated that they cannot implement preventive systems due to costs of 52% in terms of Fire Safety. The second problem faced in terms of fire safety is lack of training.

42. Does your workplace have an emergency plan?

	Answer	Percent age
Yes	37	84.09%
No	3	6.82%
I Don't Know	4	9.09%



Description: 84% of the responding businesses have an Emergency Plan.

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

	Answer	Percent age
Yes	33	75.00%
No	6	13.64%
I Don't Know	5	11.36%

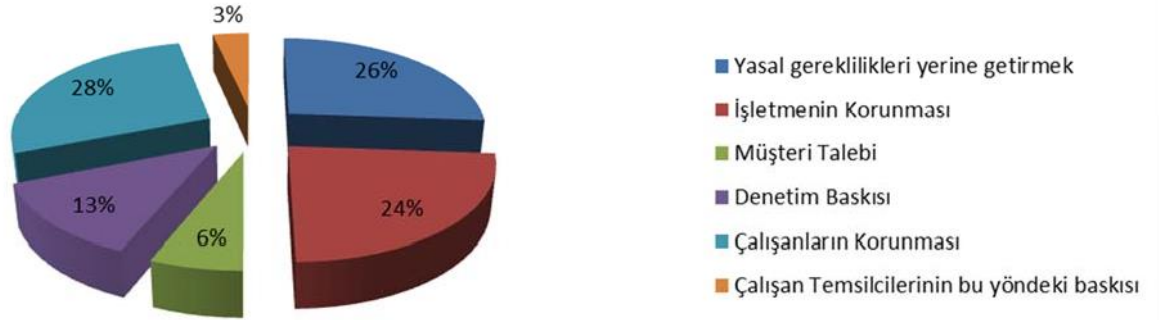


Description: 75 % of workplaces with an Emergency Plan have made the appointments.

44. According to you, for what reason / why is work health and safety important in your workplace?

	1	2	3	4	5	6	7	Weighted Average	Percentage %	Priority Order
To fulfil legal requirements	16	6	6	3	0	1	0	22.72	26.19%	2
Protecting the Business	3	18	6	4	0	1	0	20.59	23.73%	3
Customer Request	1	0	4	3	2	3	0	5.396	6.22%	5
Audit Pressure	1	4	9	3	3	1	0	11.076	12.77%	4
Protection of Employees	22	2	3	4	1	1	0	23.998	27.66%	1
Pressure by Employee Representative	2	0	0	0	3	3	0	2.982	3.44%	6

Size göre iş sağlığı ve güvenliği konusu işyerinizde hangi nedenle/nedenlerle önemli?

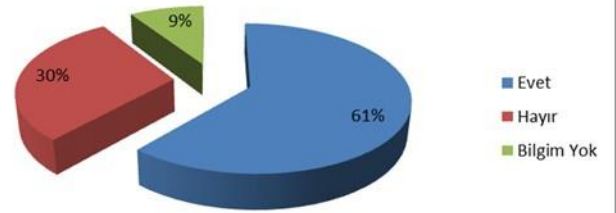


Description: Occupational Health and Safety is important for employers, primarily for the protection and continuation of employees, as well as for fulfilling legal requirements and protecting the business.

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

	Answer	Percent age
Yes	27	61.36%
No	13	29.55%
I Don't Know	4	9.09%

İşyerinizde herhangi bir yönetim sistemi standardı uygulanıyor mu?

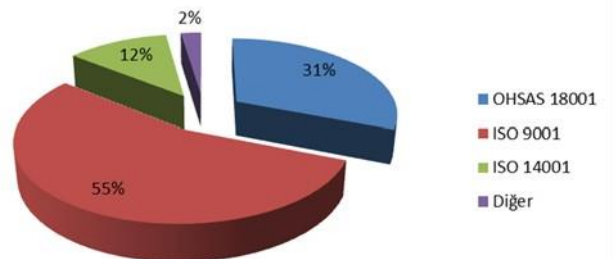


Description: In the questionnaire survey, it was observed that the workplaces applied the management system by 61%.

46. If your workplace has a management system standard, which of the following standards is/are applied?

	Answer	Percent age
OHSAS 18001	13	30.95%
ISO 9001	23	54.76%
ISO 14001	5	11.90%
Other	1	2.38%

Uygulanan Sistemlerin Dağılımı



Description: In the workplaces where management systems are applied, the ISO 9001 Quality Management System Standard is applied in a majority of 55%. 31% OHSAS 18001 Occupational Health and Safety Management System Standard is applied. Works can be conducted for the dissemination of OHSAS 18001 standard.

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

	Answer	Percenta
Yes	10	30.30%
No	10	30.30%
I Don't Know	13	39.39%



Description: Majority of employers do not control the Occupational Health and Safety Practices for their sub-employers.

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

	Answer	Percenta
Yes	21	47.73%
No	14	31.82%
I Don't Know	9	20.45%



Description: 48 % of the employers evaluate the OHS professionals on duty. Management System standards can be disseminated in this regard in order to guide the HR Management or Procurement Supplier Evaluations.

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

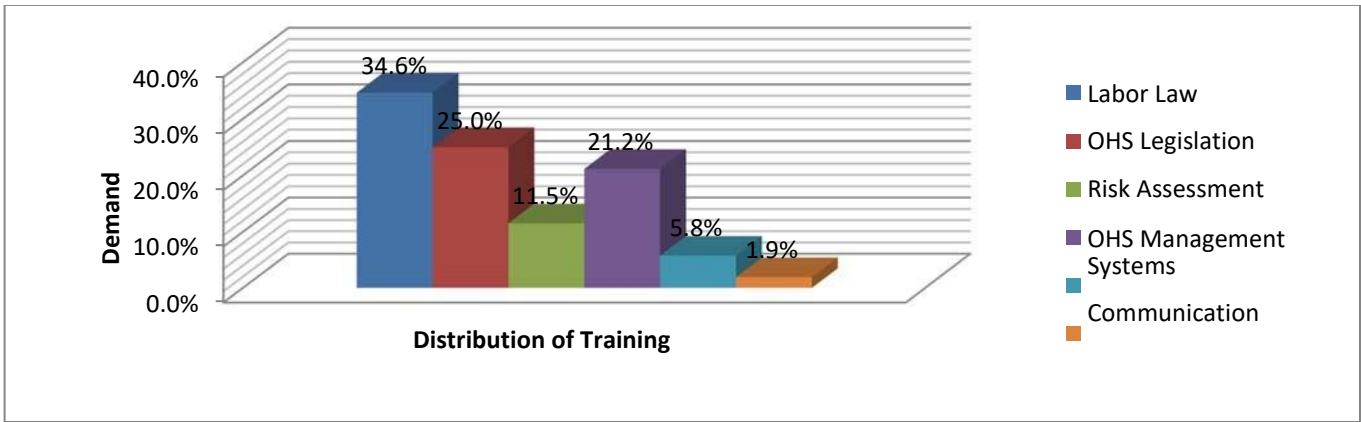
	Answer	Percenta
I think they have a good coordination between themselves and the employees' / employers'	24	54.55%
They all work on their own tasks separately, I think coordination is weak	12	27.27%
I do not think there's any coordination between them	7	15.91%
Other	1	2.27%



Description: It has been observed that 55% of the employers are satisfied with the communication and coordination characteristics of the OHS professionals in the service-related processes. Some 27% think that all types of professionals work separately.

50. Do you think you need training as an employer / employer's representative? If so, which subjects do you need training for?

Trainings Needed by Employers	Number of Answers	Percentage %	Priority
Labour Law	18	34.6%	1
OHS Legislation	13	25.0%	2
Risk Assessment	6	11.5%	4
OHS- Management Systems	11	21.2%	3
Communication Techniques	3	5.8%	5
Other	1	1.9%	6



Description: According to the order of priority of the employers, training such as Labour Law, OSG Legislation, OHS Management Systems, Risk Assessment, Communication Techniques.

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

	Answer	Percentage %
I will continue to receive services even if there is no legal obligation	20	45.45%
I would not receive service if there was no legal obligation	16	36.36%
Undecided	7	15.91%



52. Other details you would like to add

In terms of fire safety, the technical problems in buildings and their attachments are among the compelling factors. Receiving occupational health and safety services from our own employees affects the performance of applications positively.

The concept of occupational health and safety should not only focus on accident, but improving the working environment should also be observed. The investments with a huge burden on employer are usually on air conditioning and ventilation. The size of areas increase the burden as well.

It is not possible to speak about occupational safety as long as the audits do not increase.

The audits of occupational health and safety are conducted by the sector. There should be professional sharing controls under the chairmanship of the Social Security Institution. When occupational health and safety first appeared, the principle of first involved wins the most has put the employers in tough position. It is wrong to continuously delay the legislation applications. Employers need to have incentives and their workplaces have to be fixed. Therefore, employers are doubtful.

SSI premiums are very costly. The SSI premiums need to be lowered. Occupational health and safety measures are very costly, we cannot earn money.

Costs in relation with occupational safety are very high. Incentives are expected from the government. A culture must be established, starting from primary school. I am having trouble to find employees with that culture in this region. Audits should be done in a method in accordance with European standards. It should be under the authority of institutions such as TURKAK; it should be neutral, fair and scientific.

50. As an additional reply to the question; any training related with our sector in terms of sales, marketing, production, R&D, machinery investment, export and communication that will bring in innovation are proper and we can participate. as an additional answer to 51st question.

, periodically, I can get it audited once a year. I can purchase such a service.

OTHER HEALTH PERSONNEL QUESTIONNAIRE DATA ANALYSIS

GENERAL INFORMATION

PURPOSE OF THE STUDY:

The purpose of this study is to statistically analyse and evaluate the survey study on employers, one of the parties of Occupational Health and Safety implementations in Adiyaman, Kilis and Gaziantep provinces within the scope of THE PROJECT FOR IMPROVING THE QUALITY OF OCCUPATIONAL HEALTH AND SAFETY IMPLEMENTATION IN GAP REGION, which is conducted by GAP Regional Development Administration Regional Directorate of Ministry of Development, Turkey.

DETAILS OF THE STUDY:

Within the scope of the study, 40 Other Health Personnel were reached from the related provinces and the Other Health Personnel Questionnaire (Attached) was implemented with one-on-one visits.

EVALUATION METHODOLOGY:

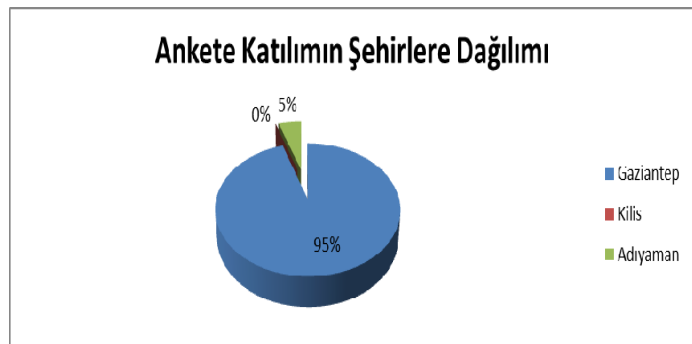
The questions were analysed using percentage ratios and weighted average techniques. The answers of each question in the questionnaires were entered into the computer environment and turned into a graph on MS Excel and graphics and the results were interpreted.

DETAILS OF THE ANALYSIS

The findings and analysis of each question in the questionnaire are as follows.

1. Province of Your Workplace

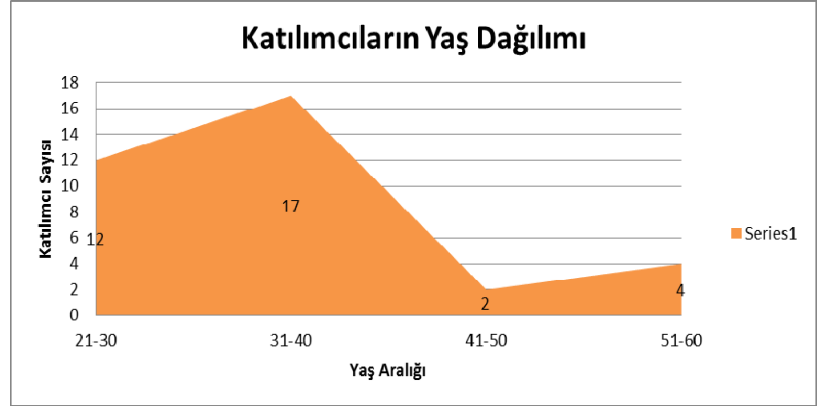
Name of the	Number of	Percentage %
Gaziantep	38	86.36%
Kilis	0	0.00%
Adiyaman	2	4.55%



Description: According to the sample, the target mass amount was determined according to the cities and Other Health Personnel were reached in this direction. The majority of the participation was 95%, Gaziantep province.

2. What is your Date of Birth?

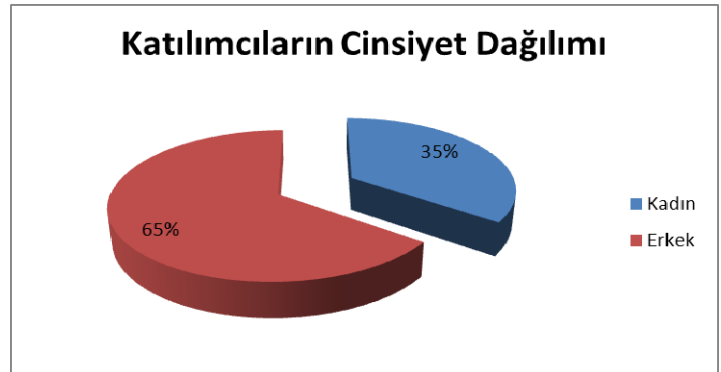
Age Range	Number of	Percentage %
18-20	2	5.41%
21-30	12	32.43%
31-40	17	45.95%
41-50	2	5.41%
51-60	4	10.81%
Min		18
Max		60



Description: Participants were usually young and middle age health personnel; age range differing between 18 and 60.

3. What is your Gender?

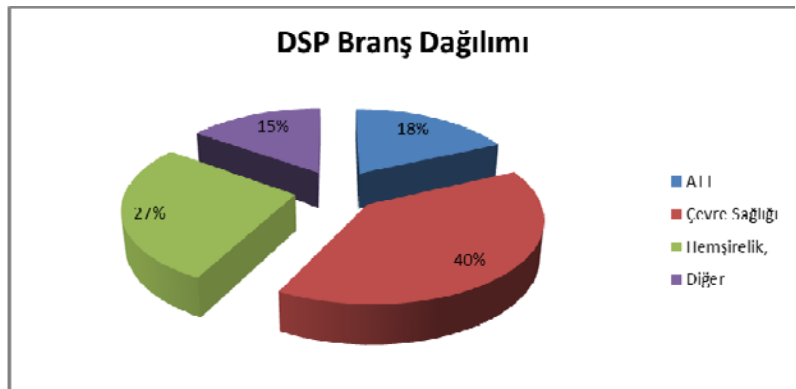
Gender	Number of	Percentage
Female	14	31.82%
Male	26	59.09%



Description: It has been observed that 65 % of the participants were male, and 35 % were female workplace doctors.

4. Which Faculty and Department have you graduated from?

Branch	Number of	Percentage
ATT	6	18.18%
Environmental	13	39.39%
Nurse,	9	27.27%
Other	5	15.15%



Description: It was noted that the vast majority of health personnel participating in the survey graduated from Environmental Health departments.

5. Have you attended Other Healthcare Personnel (OHP) Training?

	Number of	Percentage
Yes	38	95.00%
No	2	5.00%



Description: It was observed that the vast majority of the health personnel participating in the survey were trained.

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

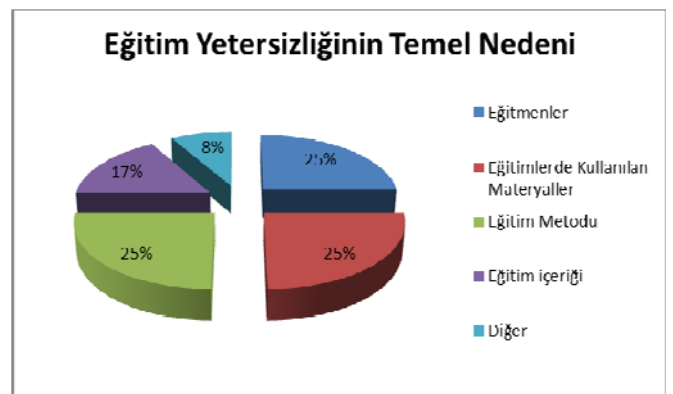
	Number of	Percentage
Yes	16	40.00%
No	5	12.50%
Partially	17	42.50%



Description: 66 % of Other Health Personnel think that the training they received was useful in fulfilling their duties.

7. If your answer is No, which of the following are the main reasons for the inadequacy of training?

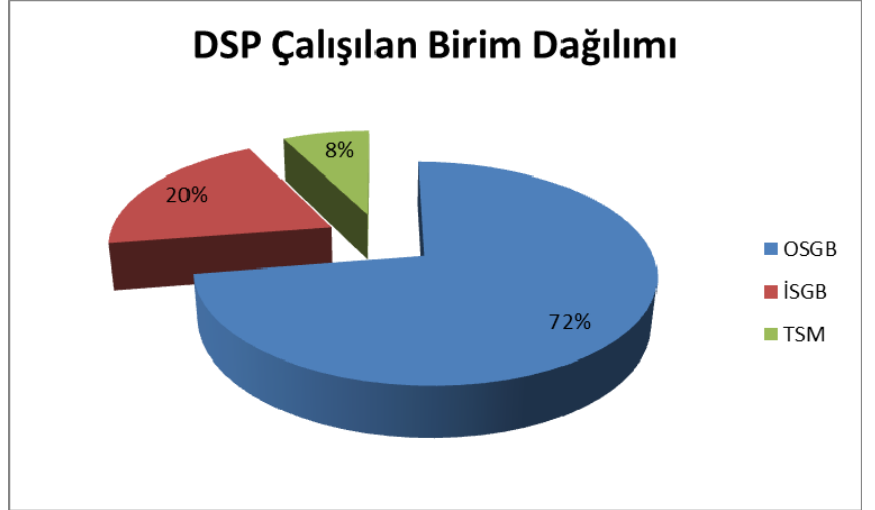
	Number of	Percentage
Trainers	3	25.00%
Materials Used in Trainings	3	25.00%
Training Method	3	25.00%
Content of Training	2	16.67%
Other	1	8.33%



Description: According to Other Health Personnel; Training method, Trainers and the materials used for Training have the equal impact on the insufficiency of training they have received.

8. Which of the following unit do you work at as a OHP?

	Number of	Percentage
OSGB	29	72.50%
İSGB	8	20.00%
TSM	3	7.50%



Description: 72 % of Other Health Personnel in the TRC 1 Region work in the Joint Health and Safety Unit.

9. Which of the following is your employment type?

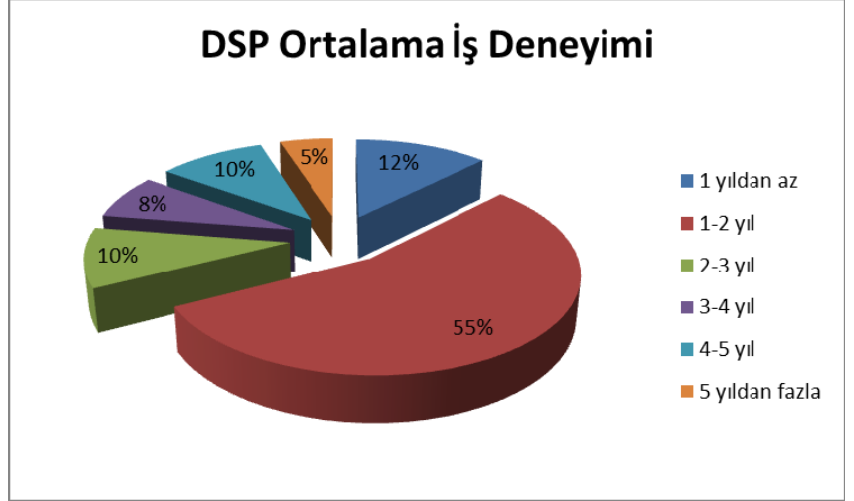
	Number of	Percentage
Full Time	36	90.00%
Part Time	4	10.00%



Description: 90 % of the other health personnel in TRC 1 region work as full-time.

10. How long have you been employed as a OHP?

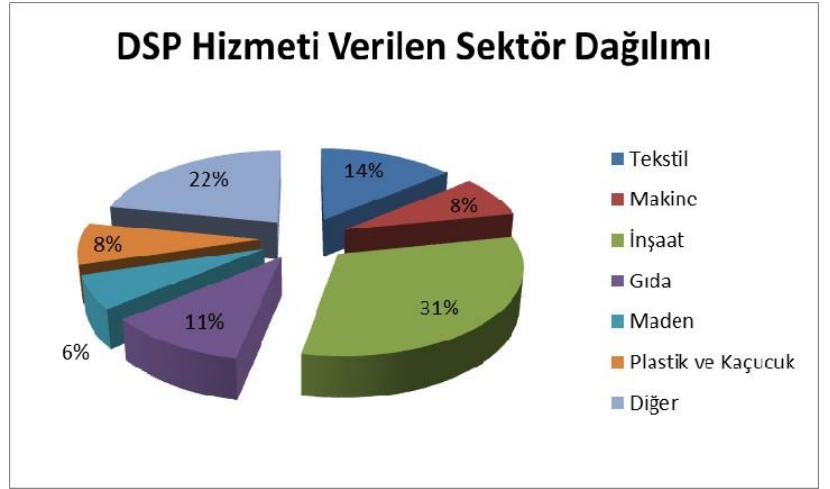
	Number of	Percentage
Less than 1 year	5	12.50%
1-2 years	22	55.00%
2-3 years	4	10.00%
3-4 years	3	7.50%
4-5 years	4	10.00%
More than 5	2	5.00%



Description: 55 % of Other Health Personnel in the region have 1-2 years of experience.

11. Which business are you working at?

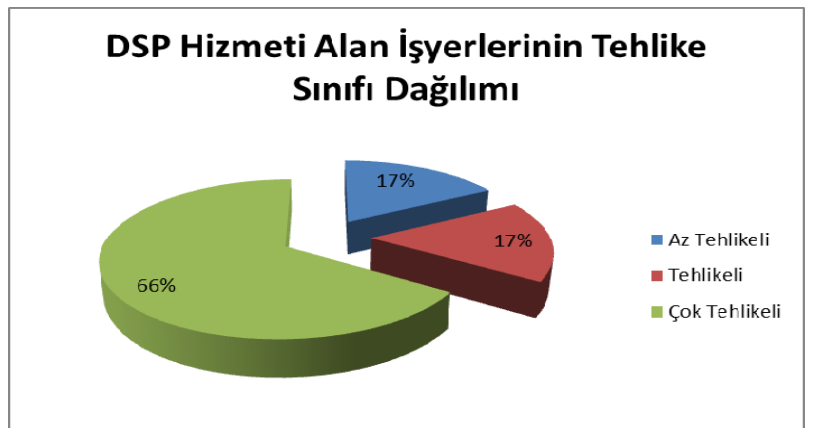
	Number of	Percentage
Textile	9	16.67%
Machinery	5	9.26%
Construction	20	37.04%
Food	7	12.96%
Mining	4	7.41%
Plastic and Rubber	5	9.26%
Other	14	25.93%



Description: 31 % of Other Health Personnel located in the region serve in the construction sector.

12. What is the hazard class of the workplace you serve in?

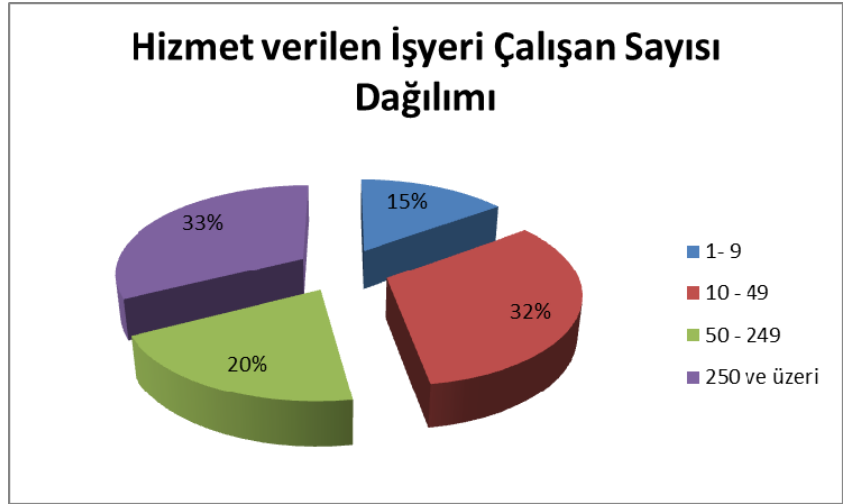
	Number of	Percentage
Minor Hazard	8	17.02%
Hazardous	8	17.02%
Major Hazard	31	65.96%



Description: 68 % of Other Health Personnel located in the region serve in the workplaces under the class of extreme hazard.

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

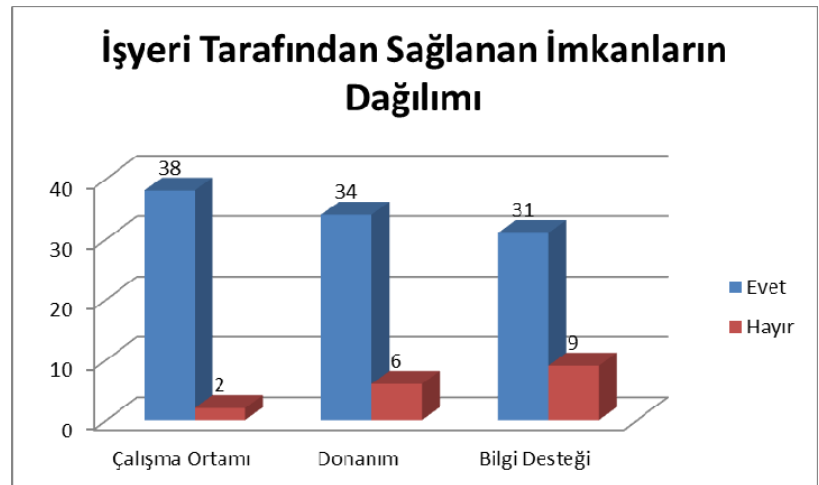
	Number of	Percentage
1 - 9	6	15.00%
10 - 49	13	32.50%
50 - 249	8	20.00%
250 and above	13	32.50%



Description: Other Health Personnel in the region mostly serve to workplaces with 10 to 49 people or 250 or more workers.

14. Does your workplace / OSGB provide adequate facilities for the realization of OSH service?

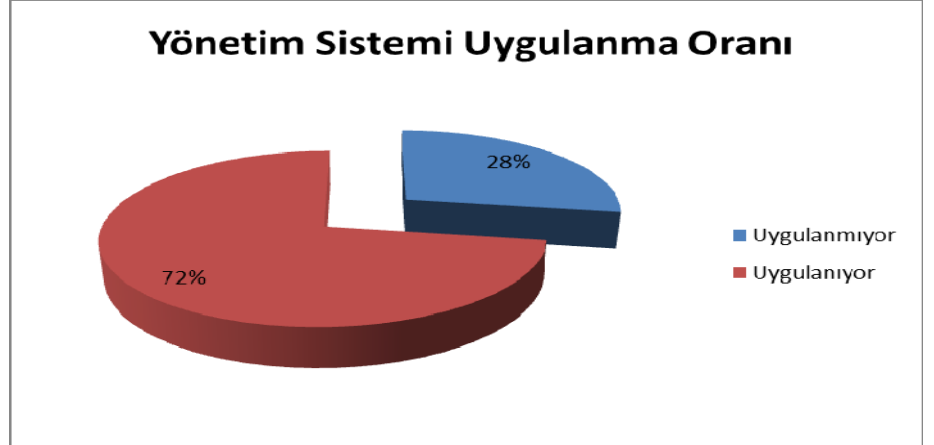
	Yes	No	Percentage
Working	38	2	95.00%
Hardware	34	6	85.00%
Information	31	9	77.50%



Description: Other Health Personnel in the region mostly face the problem of not receiving the information support from their workplaces.

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

	Number of	Percentage
Not Applied	11	27.50%
Applied	29	72.50%



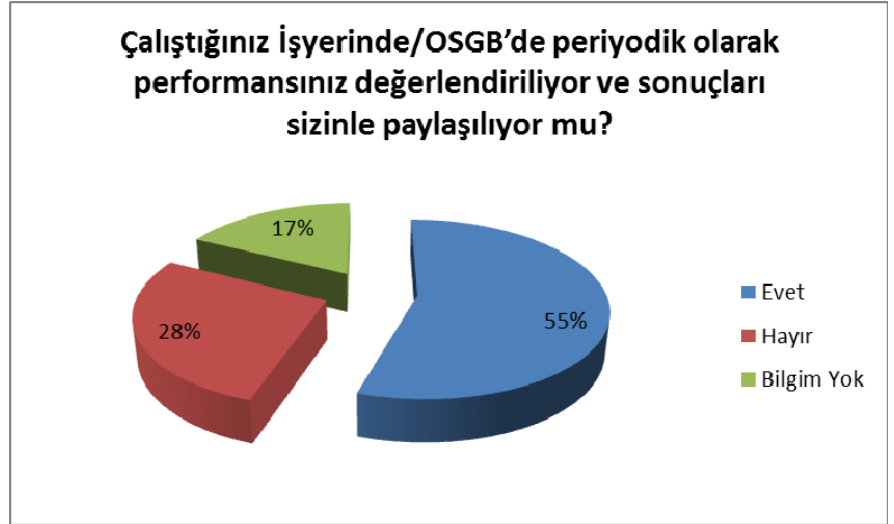
	Number of	Percentage
ISO 9001	10	24.39%
OHSAS 18001	12	29.27%
ISO 14001	6	14.63%



Description: 72% of the workplaces where the OHPs serve in the region do not apply the Management System Standard. ISO 9001 Quality Management System Standard is the one with 43 % of use.

16. Is there and evaluation of your performance periodically at your workplace / OSGB and are the results shared with you?

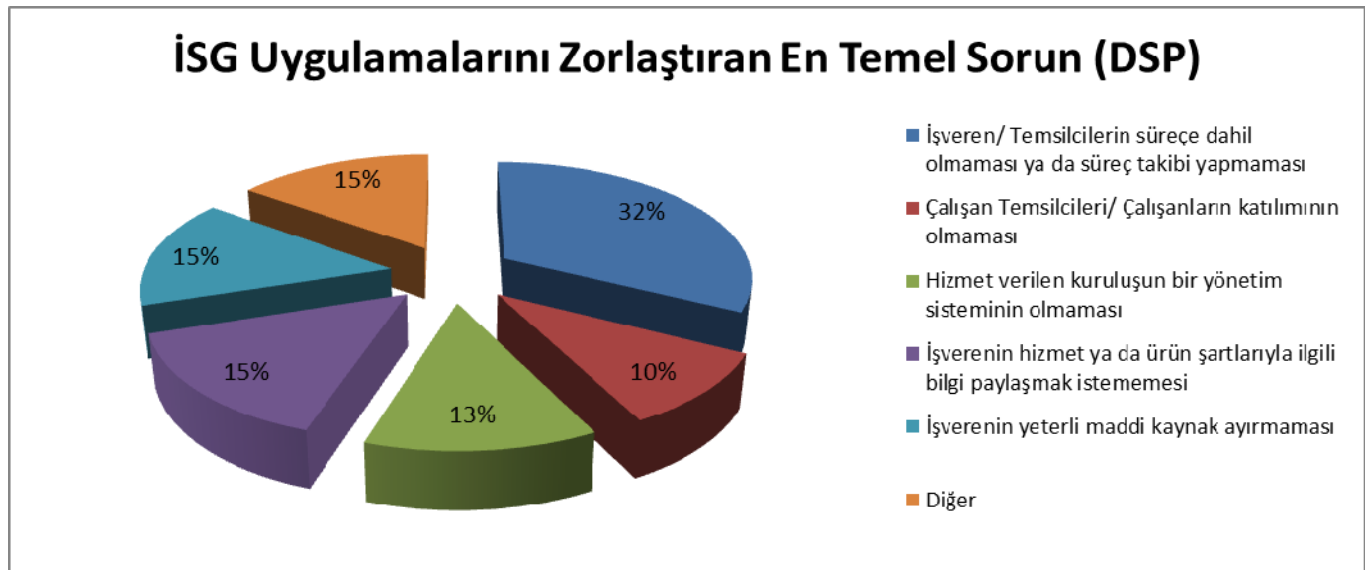
	Number of	Percentage
Yes	22	55.00%
No	11	27.50%
I Don't Know	7	17.50%



Description: 55% of the workplaces where the OHPs serve in the region implement personnel performance assessment.

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

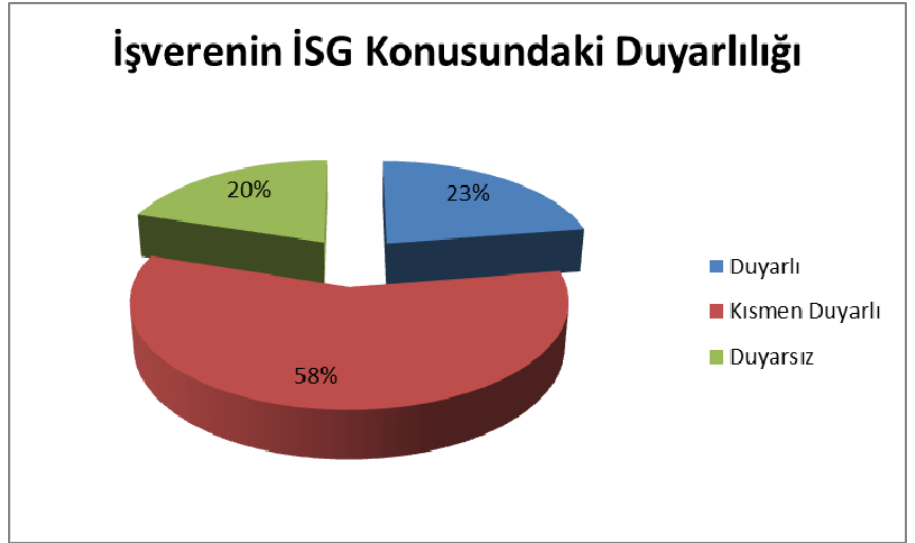
	Number of	Percentage %
Employer / Representatives not involved in the process or not following the	13	24.07%
Employee Representatives / Employees do not participate	4	7.41%
The organization to which services are provided does not have a management	5	9.26%
Employer does not want to share information about service or product terms	6	11.11%
The employer does not allocate sufficient funds	6	11.11%
Other	6	11.11%



Description: According to the OHPs in the region, the most common problem that complicates OHS practices is that the employer does not allocate sufficient financial resources.

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

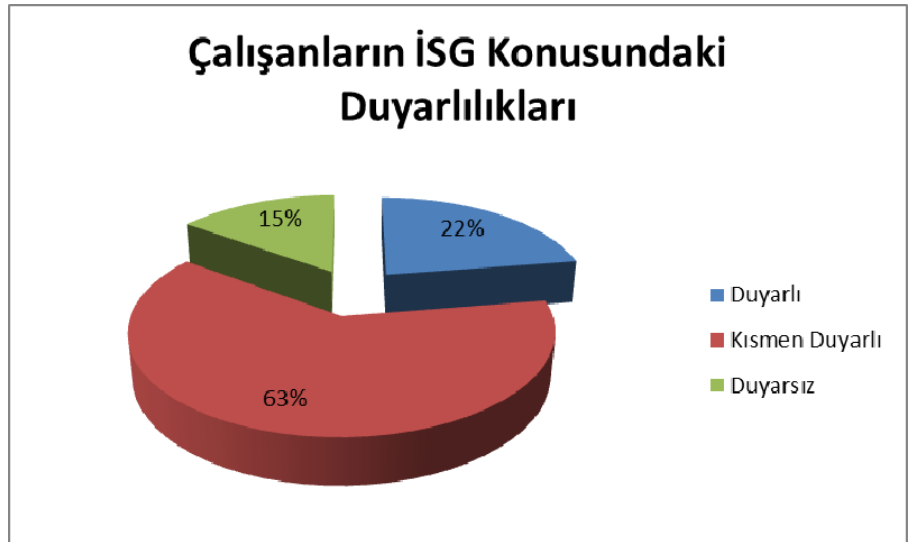
	Number of	Percentag
Sensitive	9	22.50%
Partially	23	57.50%
Not Sensitive	8	20.00%



Description: 22% of the OHPs who work in the region think that employers are sensitive to OHS, 63% are partially sensitive and 15% are insensitive.

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

	Number of	Percentag
Sensitive	9	22.50%
Partially	25	62.50%
Not Sensitive	6	15.00%

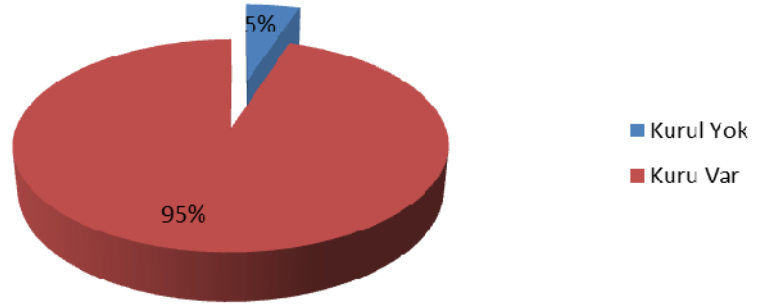


Description: 22% of the employees who work in the region are sensitive to OHS, 63% are partially sensitive and 15% are insensitive.

20. If any, do you think your OSH Board works effectively?

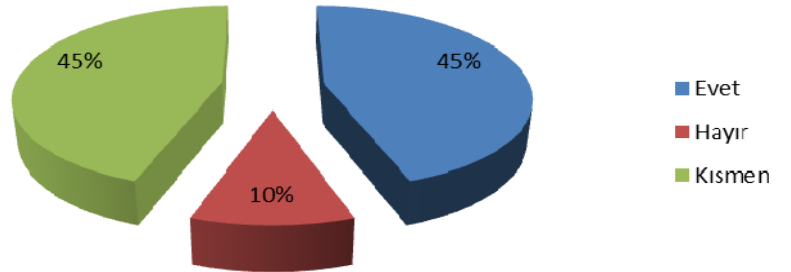
	Number of	Percenta
There is No	2	5.00%
There is a	38	95.00%

DSP Hizmeti Verilen İşyerlerinde İSG Kurul Durumu



	Number of	Percenta
Yes	17	44.74%
No	4	10.53%
Partially	17	44.74%

DSP 'ye göre İSG Kurulunun Etkin Çalışma Durumu

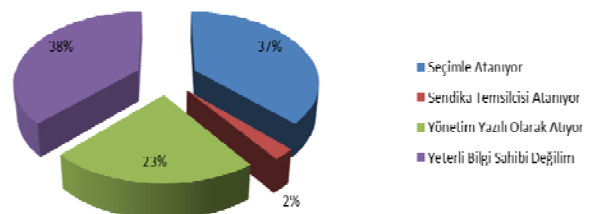


Description: 96 % of the workplaces with OHP service in the province have an OHS establishment. In these establishments, OHS Boards are 45% efficient and 45% partially active.

21. Which methods are used to determine employee representatives?

	Number of	Percent
They are appointed by	15	37.50%
A Union Representative is	1	2.50%
The Management Appoints by	9	22.50%
I Do Not Have Adequate	15	37.50%

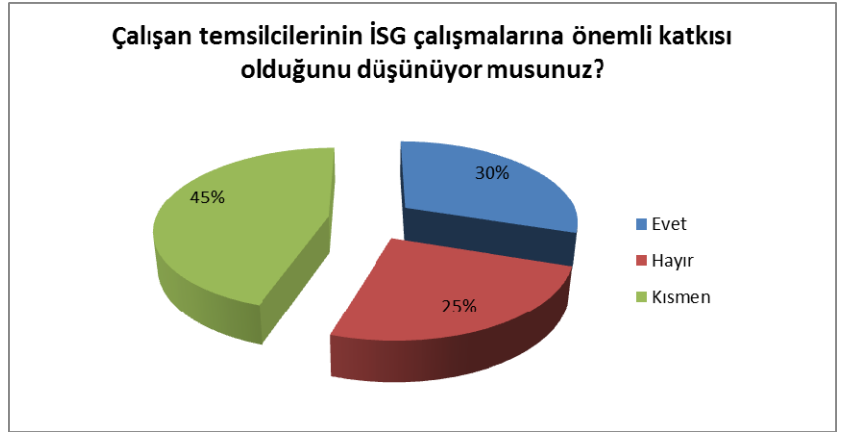
DSP'ye göre Çalışan Temsilcileri Belirlenme Yöntemi



Description: The majority of other Health Personnel who serve in the region do not have knowledge of how the Employee Representatives are determined.

22. Do you think employee representatives are significant contributors to OHS activities?

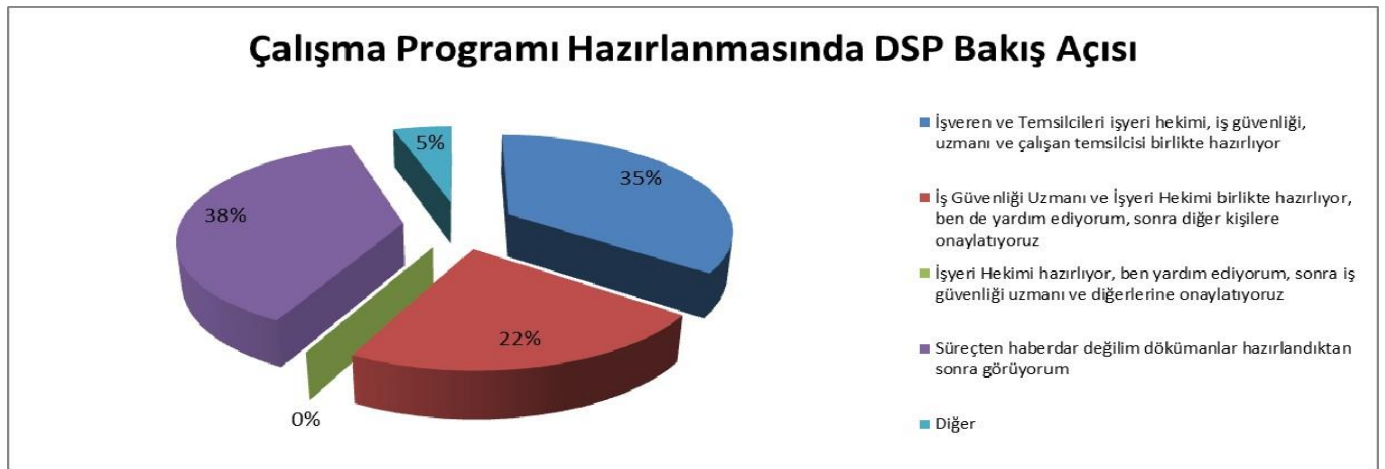
	Number of	Percenta
Yes	12	30.00%
No	10	25.00%
Partially	18	45.00%



Description: 25% of the Other Health Personnel serving in the region think that the employee representative concept is not a significant contribution to OHS studies.

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

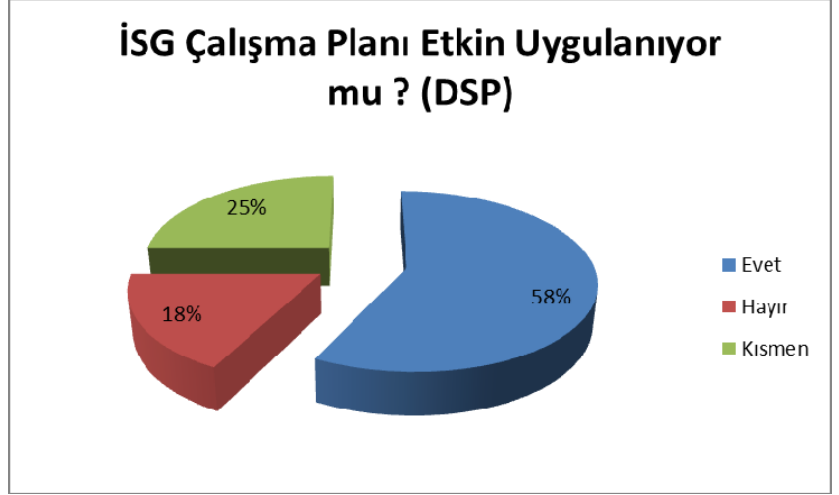
	Number of	Percentage
Employer and its Representatives are working together with workplace doctor, occupational safety	14	35.00%
Workplace doctor and occupational safety specialist prepare it together, I also help them, and we get	9	22.50%
Workplace Doctor prepares, I also help, then we get it approved by occupational safety specialist and	0	0.00%
I am not aware of the process I see documents after they are prepared	15	37.50%
Other	2	5.00%



Description: In the process of preparing the Occupational Health and Safety work program, other health personnel are often unrelated to the process, and the prepared plan is later available for their review.

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

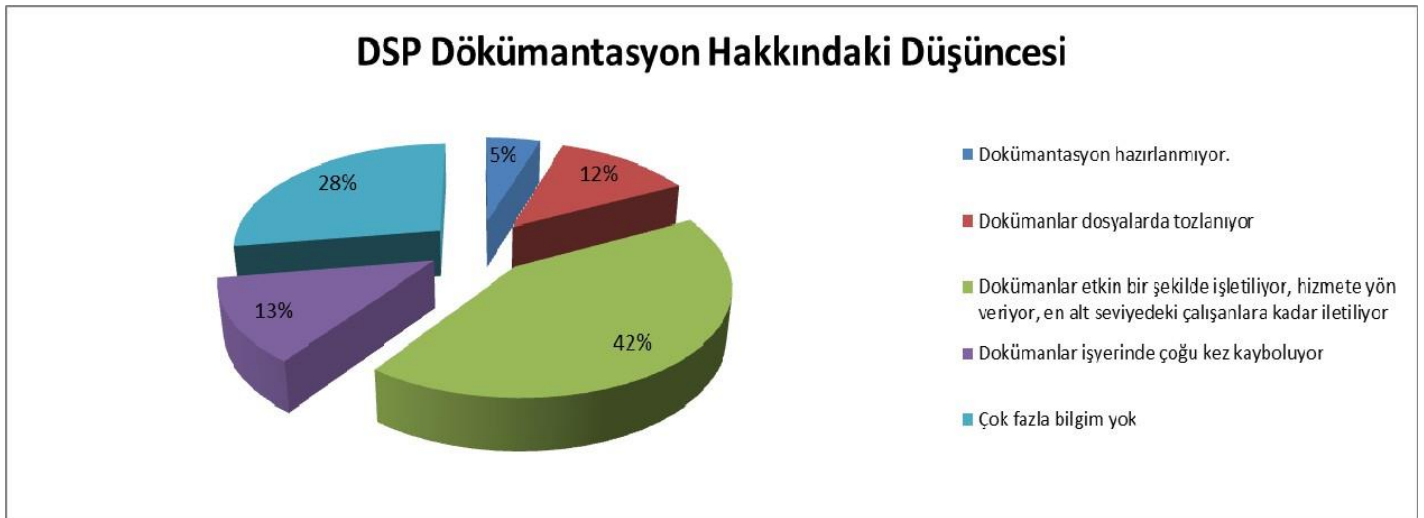
	Number of	Percentage
Yes	23	57.50%
No	7	17.50%
Partially	10	25.00%



Description: 58 % of other health personnel serving in the region have expressed the fact that Occupational Health and Safety Work Plans work effectively in their workplaces.

25. Specify your nearest idea about the documentation (Instructions, Record, Instruction, Plan, Procedure) to be prepared in the context of occupational health and safety

	Number of	Percentage
No documentation is prepared.	2	5.00%
The documents get dusty in files	5	12.50%
Documents are actively managed, service-oriented, communicated to the lowest level of employees	17	42.50%
Documents often disappear in the workplace	5	12.50%
I Do Not Have Sufficient Information	11	27.50%



Description: Of the other health personnel serving in the region, 42% stated that the documents were managed effectively and that they were delivered to all levels of employees, with 27% saying that there was not much information about documentation.

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

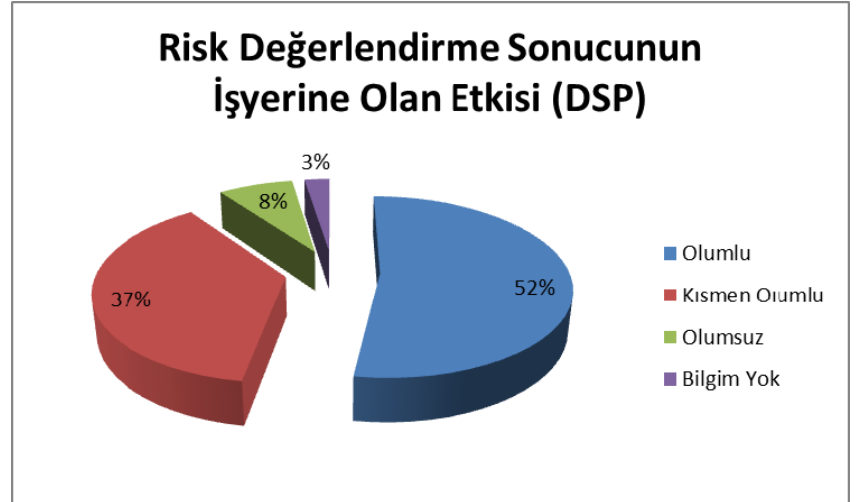
	Number of	Percentag
Yes	17	42.50%
No	3	7.50%
Partially	20	50.00%



Description: 42% of the Other Health Personnel in the region are aware of risk assessment studies in their workplaces. 50% are partially informed, and 8% have no information about risk assessment studies.

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

	Number of	Percentag
Positive	21	52.50%
Partially Positive	15	37.50%
Negative	3	7.50%
I Don't Know	1	2.50%



Description: Other Health Personnel mostly think that Risk Assessment Studies have a positive impact on the workplace.

28. Are the opinions of employees received about the measures taken?

	Number of	Percentag
Yes	15	37.50%
No	8	20.00%
Partially	17	42.50%



Description: According to other Health Personnel, the opinions of the employees regarding the measures taken at the workplace are taken at 37%, 43% are partially informed and 20% think that the opinions of the employees are ignored.

29. Are the employees informed about the measures taken?

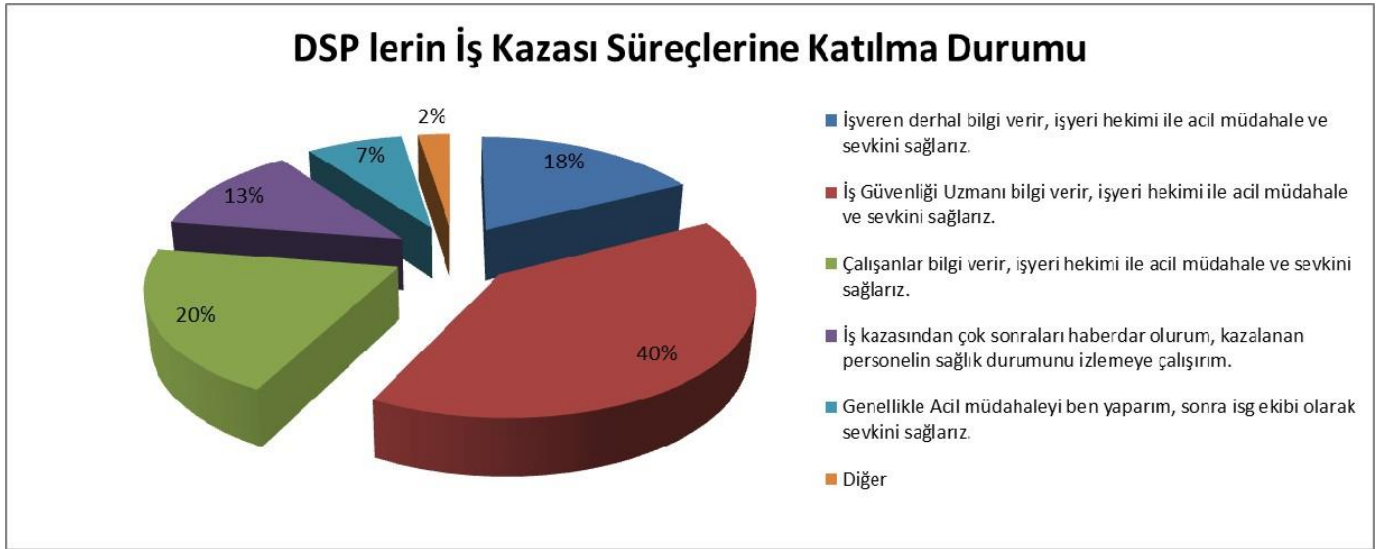
	Number of	Percentag
Yes	22	55.00%
No	3	7.50%
Partially	15	37.50%



Description: According to other Health Personnel, employees are provided with great information about the precautions taken at workplaces.

30. Which option below best describes your status about participating within the process in case of a work accident at the workplace you serve?

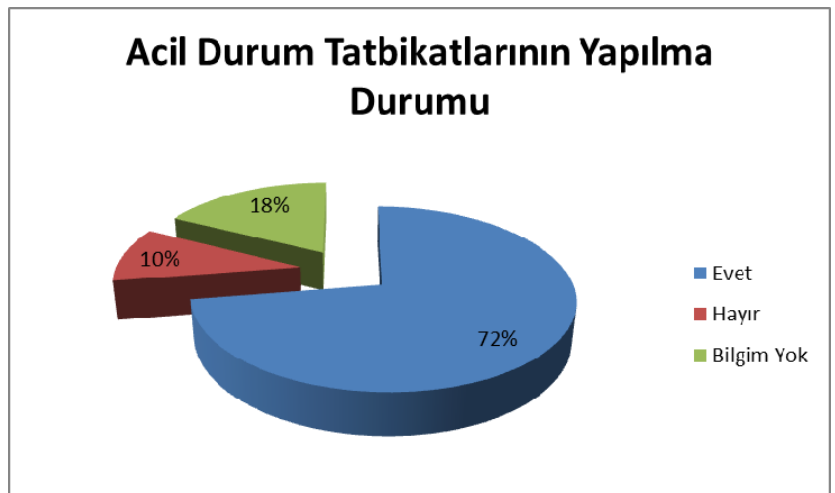
	Number of	Percentage
Employer promptly informs me, and we provide emergency intervention and referral with workplace	7	17.50%
Occupational Safety Specialist informs me, and we provide emergency intervention and referral with	16	40.00%
Employees inform, and we provide emergency intervention and referral with workplace doctor.	8	20.00%
I am informed about the work accident much later, and I follow up the health status of the person subject	5	12.50%
Usually, I make the emergency intervention and then we provide referral as OHS team.	3	7.50%
Other	1	2.50%



Description: According to other Health Personnel, occupational safety specialists or employees usually provide information to them during accidents in workplaces. Then, they provide emergency intervention and referral with workplace doctor.

31. Do you have Emergency Drills at your workplace?

	Number of	Percentage
Yes	29	72.50%
No	4	10.00%
I Don't Know	7	17.50%



Description: 73% of the other Health Personnel stated that emergency drills were being carried out in the places where they serve. 10 % of them said they were not conducted at all and 17 % had no information about this.

32. Are adequate precautions taken for fire safety in the workplace?

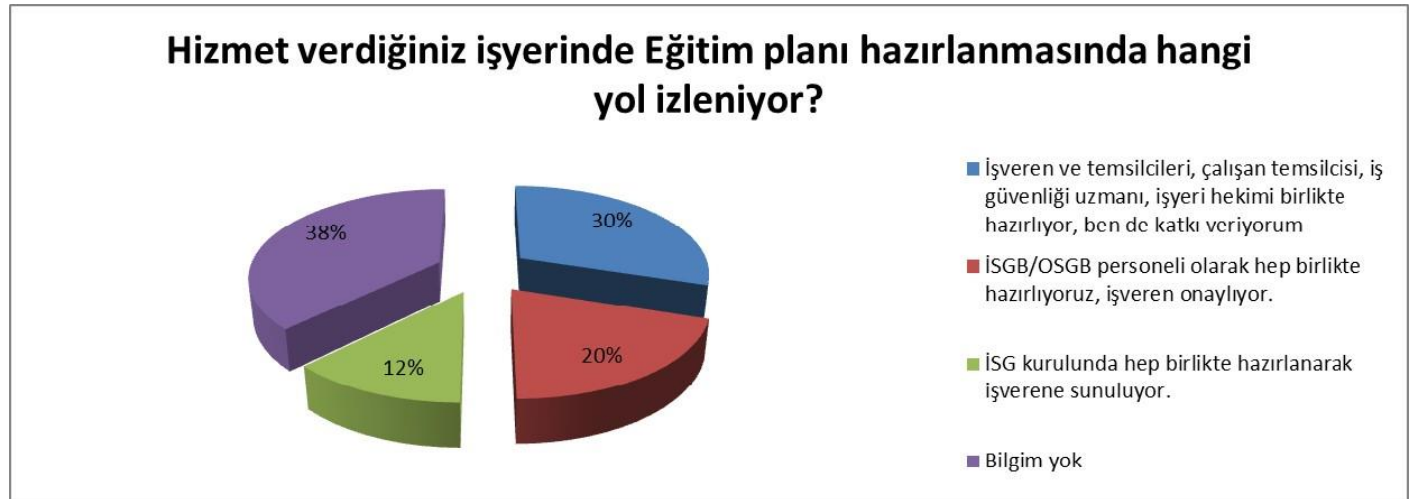
	Number of	Percentage
Yes	33	82.50%
No	2	5.00%
I Don't Know	5	12.50%



Description: 82% of other Health Personnel indicate that their workplaces have adequate measures for fire safety.

33. What course is being followed in preparing the training plan at the workplace you serve?

	Number of	Percentage %
Employer, employee representative, occupational safety specialist, workplace doctor is preparing	12	30.00%
We prepare together as ISGB / OSGB staff, the employer approves.	8	20.00%
We are all working together in the OHS Board, then we send it to employer for approval.	5	12.50%
I Don't Know	15	37.50%



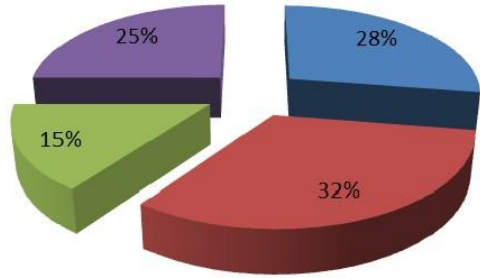
Description: 1 out of every 4 healthcare personnel serving in the region has no information about the progress of the preparation of the Training Plan.

However, 30% is contributing to the prepared education plan.

34. What is the situation you are dealing with about the approach of Employer(s) in allocating time to the training of employees?

	Number of	Percentag
Training activities usually take place at the employer's request during employee's rest periods	11	27.50%
Training activities take place during working hours	13	32.50%
Part of the training is made during the working hour, and some is made during the rest time.	6	15.00%
There is no sufficient time for trainings.	10	25.00%

İşveren/İşverenlerin çalışanların eğitimine zaman ayırma konusunda yaklaşımları



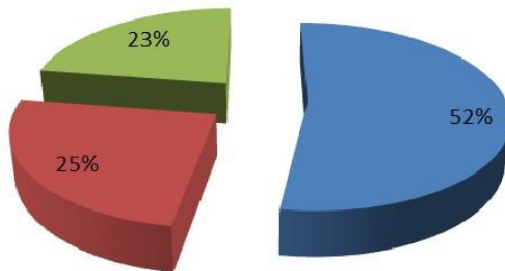
- Eğitim faaliyetleri genellikle işverenin isteği üzerine çalışanın dinlenme sürelerinde gerçekleşiyor
- Eğitim faaliyetleri çalışma saatlerinde gerçekleşiyor
- Eğitim faaliyetlerinde geçen sürenin bir kısmı çalışma süresi, diğer kısmı dinlenme süresinden alınıyor.
- Eğitimler için yeterli zaman ayrılmıyor.

Description: Trainings for information received from health personnel usually take place within working hours and 28% use the rest period of employees.

35. Mark the most relevant option for your training services to new recruits.

	Number of	Percenta
The responsible person in charge of the workplace provides me information about the new recruits and	21	52.50%
We provide training to untrained employees by making determinations together with occupation safety	10	25.00%
New recruit begins to work without any training and he/she can participate in planned trainings	9	22.50%

Yeni iş başı yapan personelin eğitimiyle ilgili hizmetinize en uygun olanı işaretleyiniz.

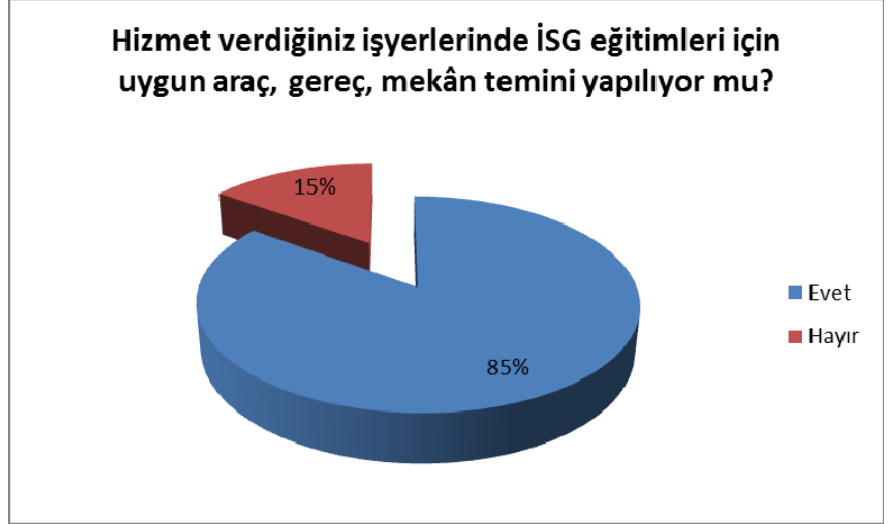


- İşyeri ilgili sorumlusu her iş başında İSGB/OSGB'ye bilgi vermektedir, eğitimsiz çalışan bulunmamaktadır.
- İş güvenliği uzmanı ve işyeri hekimi ile birlikte tespitler yaparak eğitimsiz çalışanlara eğitim veriyoruz
- Yeni iş başı yapan çalışan, eğitimsiz iş başı yapıp ancak planlanmış eğitimlere katılabiliyor

Description: According to 75 % of Health Personnel, the untrained personnel is not employed at workplaces.

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

	Number of	Percenta
Yes	34	85.00%
No	6	15.00%



Description: Suitable equipment and places are procured by 85 % for trainings.

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

	Number of	Percentag
Yes	27	67.50%
No	13	32.50%



Description: In 67 % of the establishments served by other Health Personnel, OHS trainings are evaluated and reported.

38. What is the most important reason that disrupts the employee health and safety training process?

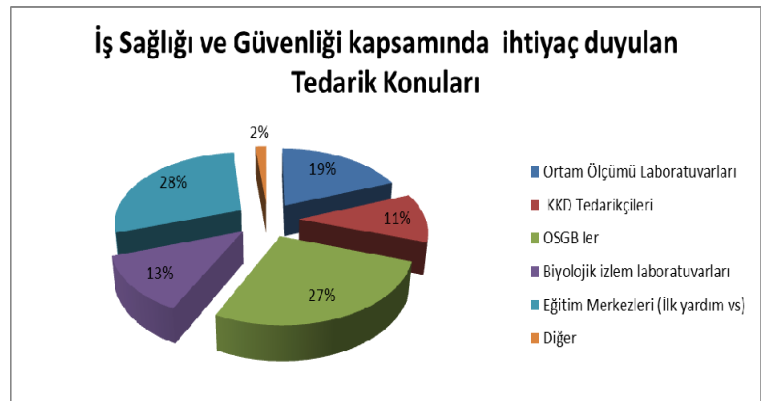
	Number of	Percentage %
Insufficient awareness of employees	10	25.00%
Training time is not enough	12	30.00%
Approach of Employer to Training	16	40.00%
Lack of space and equipment needed	1	2.50%
Lack of financial resources allocated for training	1	2.50%



Description: According to other Health Personnel, the most important factor that hinders the education process about occupational health and safety of the employees is determined as the training approach of the employers and the second is the insufficient time for the training.

39. Which of the following are needed in terms of service or product providers in the area of Occupational Health and Safety?

	Number of	Percentage
Environment Measurement	12	19.05%
PPE Suppliers	7	11.11%
OSGB	17	26.98%
Biological Monitoring Laboratories	8	12.70%
Training Centers (First Aid etc.)	18	28.57%
Other	1	1.59%



Description: According to other Health Personnel, Education Centres and OSGBs are the most needed in the region.

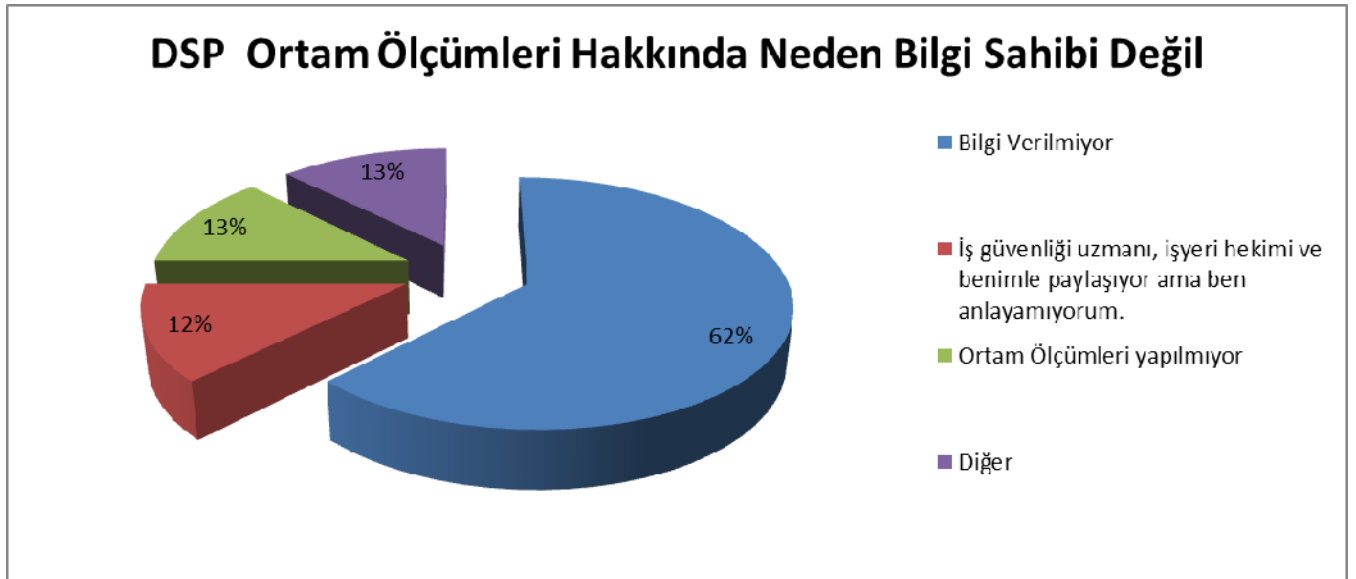
40. Do you have any information about working environment measurements?

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

	Number of	Percentag
Yes	20	50.00%
No	8	20.00%
Partially	12	30.00%



Description: It has been determined that half of the other Health Personnel serving in the region have knowledge about the environment measurements made in the workplaces. 62% of the Health Personnel who do not have knowledge indicate the reason as not being informed.



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

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

	Number of	Percentag
Yes	36	90.00%
No	4	10.00%



Description: Other Health Personnel serving in the region stated that 90% of the establishments that they serve have entered the work and periodic health examinations and they have made reports. Those who cannot do this have stated different reasons for this.



44. Do you receive employer support so that the necessary inspections can be done within the scope of health and examinations of employees?

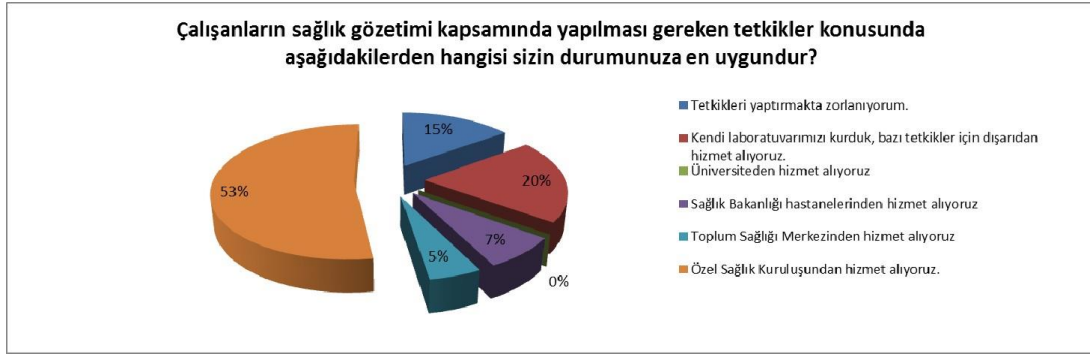
	Number of	Percentag
Yes	32	80.00%
No	8	20.00%



45. Which of the following is the most appropriate for your situation within the scope of tests to be conducted for the health inspection of employees?

Number of	Percentage
-----------	------------

I am having difficulty in conducting the tests	6	15.00%
We set up our own laboratory, we get services from outside for some tests	8	20.00%
We get service from the university	0	0.00%
We get services from the Ministry of Health hospitals	3	7.50%
We get services from Community Health Centres	2	5.00%
We receive services from the Private Health Facility.	21	52.50%



Description: According to the other Health Personnel serving in the region, 53 % of the inspections performed within the scope of health surveillance in the workplaces are carried out by taking service from the private health institution.

46. Which of the following is closer to the point of view of the employees on workplace doctors?

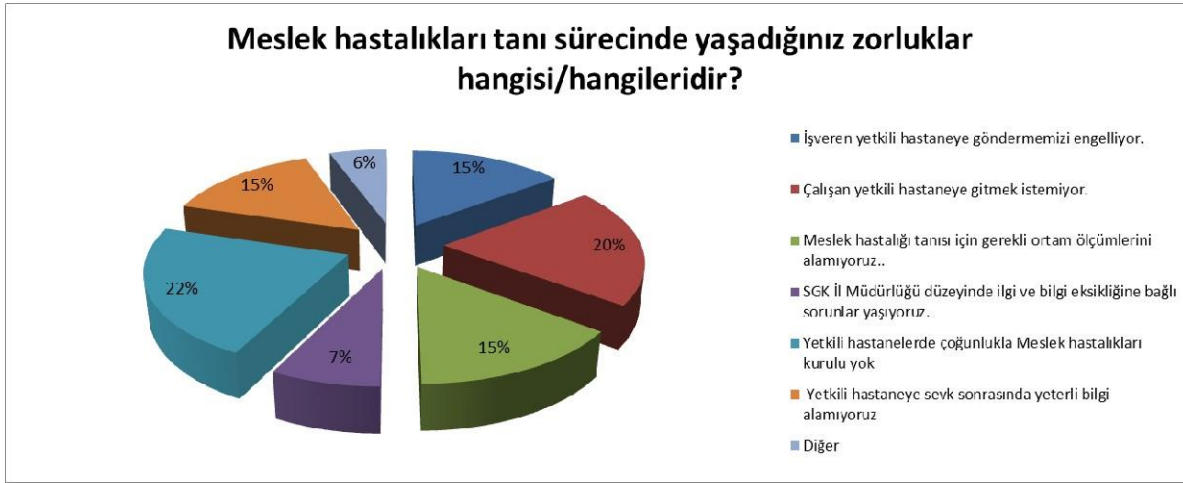
	Number of Answers	Percentage %
tly, they want me to prescribe a medicine.	17	42.50%
y think it is an advantage to be examined without visiting the hospital	16	40.00%
y think that I work on health problems caused by occupation	2	5.00%
y are concerned as they believe that they will be fired from their job if any health	3	7.50%
er	2	5.00%



Description: According to the other Health Personnel who serve in the region, the point of view of the employees for the workplace doctor is mostly seen as the advantage of "being examined and having prescriptions without visiting the hospital".

1. What is/are the difficulties you have experienced in the diagnostic process of occupational diseases?

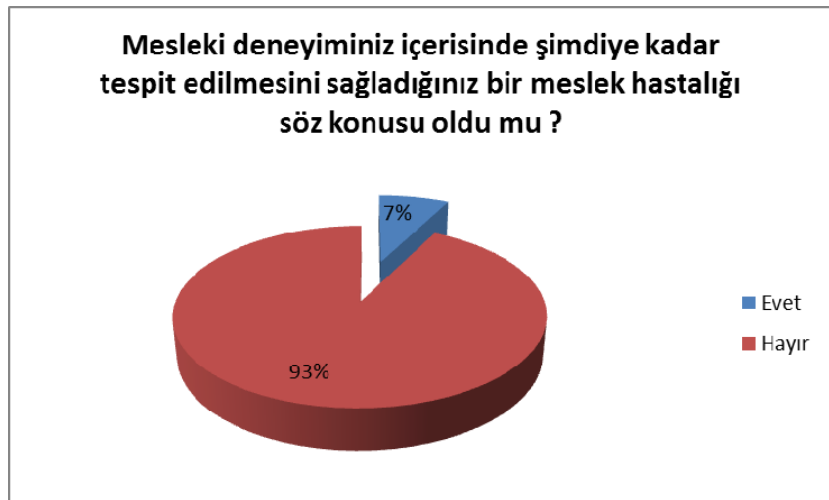
	Number of	Percentage
The employer is preventing us from referring to the authorized hospital.	8	14.81%
The employee does not want to go to the authorized hospital.	11	20.37%
We cannot get the necessary ambient measurements for the diagnosis of	8	14.81%
We are experiencing problems related to lack of interest and information at	4	7.41%
Authorized hospitals mostly do not have Occupational diseases board	12	22.22%
We do not have enough information after referral to the authorized hospital	8	14.81%
Other	3	5.56%



Description: According to the other Health Personnel serving in the region, the difficulties experienced in the diagnosis process of occupational diseases are equally denominated, and the first reason for this is indicated as not having professional occupational diseases in authorized hospitals.

2. Is there a professional disease in your professional experience that you helped to detect up to now?

	Number of	Percentag
Yes	3	7.50%
No	37	92.50%



Description: 93% of the Other Health Personnel serving in the region have not played a role in determining any occupational diseases until now.

3. Do you implement material requirement planning for health services during your service?

Number of	Percentag
-----------	-----------

Yes	29	72.50%
No	11	27.50%



Description: 28% of the Other Health Personnel serving in the region do not plan the material requirements for health services during the service period.

4. Can you collaborate effectively with other OHS Professionals (occupational safety specialist, workplace physician, another specialist)?

	Number of	Percenta
Yes	35	87.50%
No	5	12.50%



Description: 87% of the Other Health Personnel serving in the region have stated that they have effectively collaborated with other OHS professionals.

5. 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?

Everyone can stop working on paper and everyone can really benefit from having knowledge of this subject from childhood, not just the certain segments of society.

Other healthcare personnel should have more effective roles

There should be a fully equipped laboratory within the scope of OSGB. We are working with low wages and we do things which are out of scope of our duties. Audits should be more frequent.

Employees need to learn about the purposes of OHS before providing OHS services. Audits should be more frequent and penalties should be applied.

I think that systemic changes are necessary for efficient OHS services.

Employees need to have higher levels of awareness.

We cannot actively serve because we do not have a health and safety unit We need more training and supervision

The bosses of occupational health and safety staff should not be the employers. They should be contracted under Ministry of Employment. The salaries of occupational health and safety experts should be paid by government.

Lack of education. Workplace owners think that renting a diploma would be sufficient. They employ workplace nurses and they make them do different works, and health becomes secondary issue.

It is imperative that professionals to be employed by government in order to provide appropriate health and safety services. Awareness of the worker Providing support to the employer

Our dependency on employer should be reduced. In order for us to be neutral, we need to be economically independent. I think that the control mechanism for occupational health and safety implementations should be improved.

Certificates of other health personnel is rented.

Common Health and Safety units should be important. Audits should be done.

Necessary audits should be done.

Audits should be more frequent. Training programs and their durations should be increased.

OCCUPATIONAL SAFETY SPECIALIST QUESTIONNAIRE DATA ANALYSIS**GENERAL INFORMATION****PURPOSE OF THE STUDY:**

The purpose of this study is to statistically analyse and evaluate the questionnaire study on employers, one of the parties of Occupational Health and Safety implementations in Adiyaman, Kilis and Gaziantep provinces within the scope of THE PROJECT FOR IMPROVING THE QUALITY OF OCCUPATIONAL HEALTH AND SAFETY IMPLEMENTATION IN GAP REGION, which is conducted by GAP Regional Development Administration Regional Directorate of Ministry of Development, Turkey.

DETAILS OF THE STUDY:

Within the scope of the study, 79 Occupational Safety Specialists were reached from the related provinces and the Occupational Safety Specialist Questionnaire (Attached) was implemented with one-on-one visits.

EVALUATION METHODOLOGY:

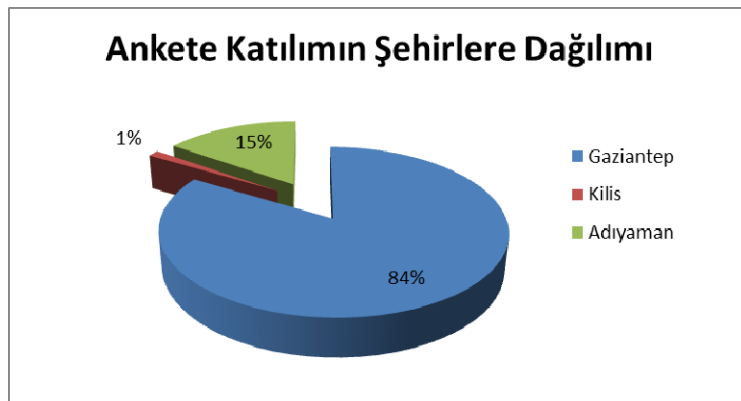
The questions were analysed using percentage ratios and weighted average techniques. The answers of each question in the questionnaires were entered into the computer environment and turned into a graph on MS Excel and graphics and the results were interpreted.

DETAILS OF THE ANALYSIS

The findings and analysis of each question in the questionnaire are as follows.

1. Province of Your Workplace

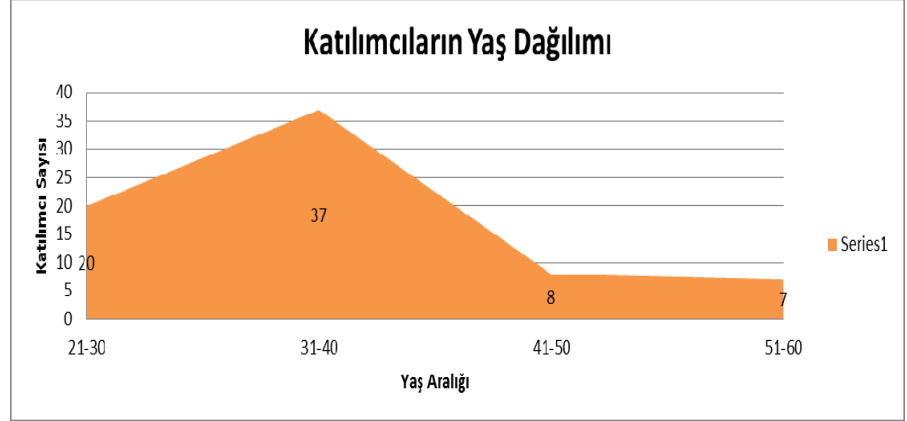
Name of the	Number of	Percentag
Gaziantep	66	83.54%
Kilis	1	1.27%
Adiyaman	12	15.19%



Description: According to the sample, the target mass amount was determined according to the cities and the employers were reached in this direction. The majority of the participation was 84%, Gaziantep province.

2. What is your Date of Birth?

Age Range	Number of	Percentag
21-30	20	27.78%
31-40	37	51.39%
41-50	8	11.11%
51-60	7	9.72%
Min		22
Max		60



Description: Participants were usually young and middle age occupational safety specialists; age range differing between 22 and 60.

3. What is your Gender?

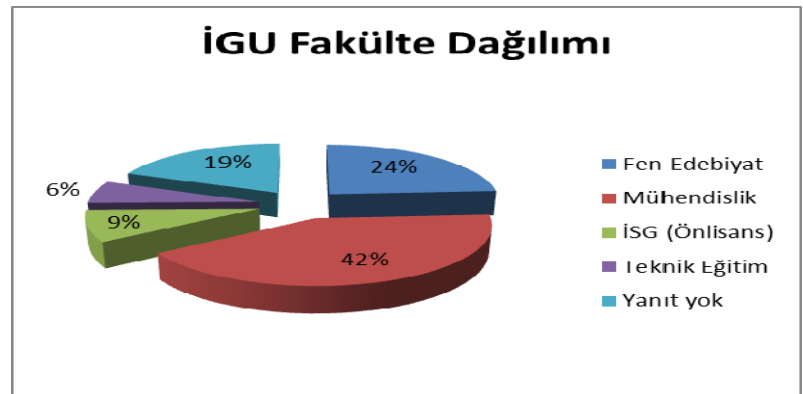
Gender	Number of	Percenta
Female	13	16.46%
Male	66	83.54%



Description: It was observed that 84% of the participants were male and 16% were female occupational safety specialists.

4. What is your level of education?

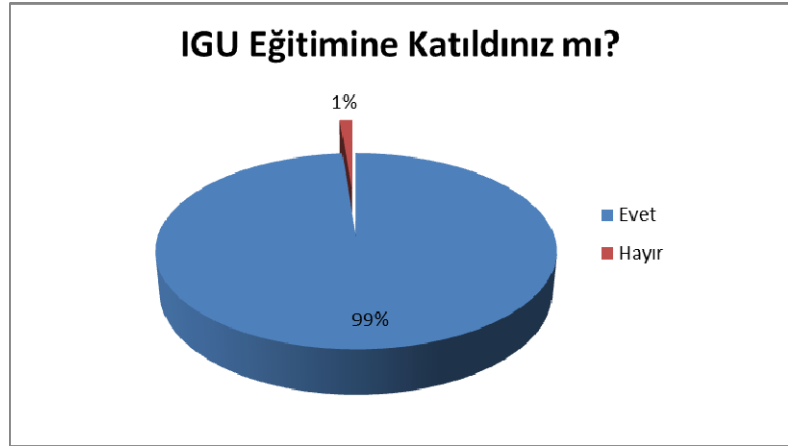
Branch	Number of	Percenta
Science and	19	24.05%
Engineering	33	41.77%
OHS (College)	7	8.86%
Technical	5	6.33%
No answer	15	18.99%



Description: 42% of the Occupational Safety Professionals among the participants were graduates from Engineering Faculty, 24% from the Faculty of Science and Literature and 9% from OHS College Degree.

5. Have you participated in Occupational Safety Specialist training?

	Number of	Percentag
Yes	78	98.73%
No	1	1.27%



Description: 99 % of the participants who completed the questionnaire received Occupational Safety Specialist Training.

6. What is the main industry of activity?

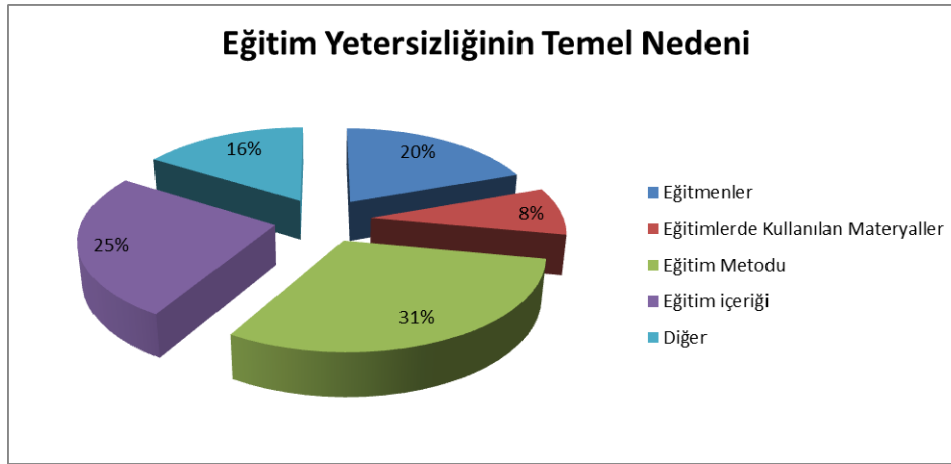
	Number of	Percenta
Yes	17	21.52%
No	27	34.18%
Partially	35	44.30%



Description: Only 22% of the Occupational Safety Specialists think that training is enough for them to perform their duties.

7. If your answer is No, which of the following are the main reasons for the inadequacy of training?

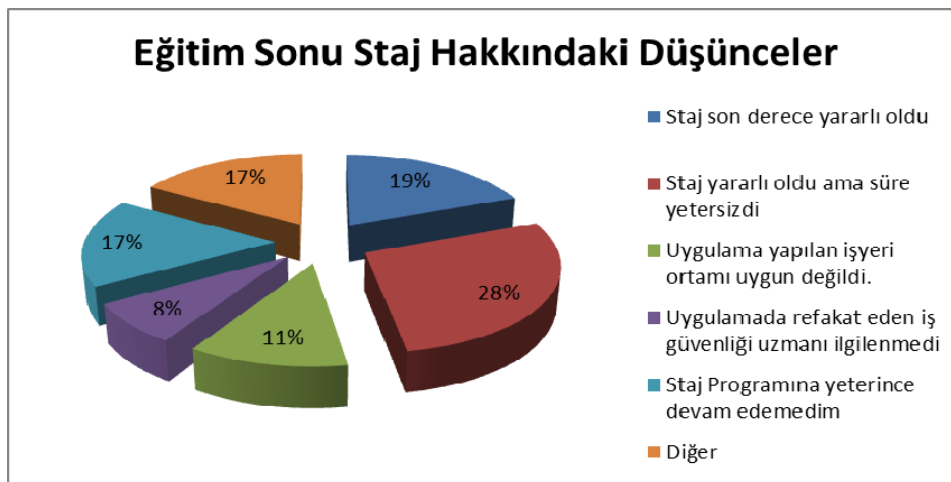
	Number of Answers	Percentage %
Trainers	23	19.49%
Materials Used in Trainings	10	8.47%
Training Method	36	30.51%
Content of Training	30	25.42%
Other	19	16.10%



31 % of the occupational safety specialists who think that education is inadequate have determined the Education Method as the main reason.

8. Which of the following is the most appropriate for your status in regards to internship within occupational safety specialist trainings?

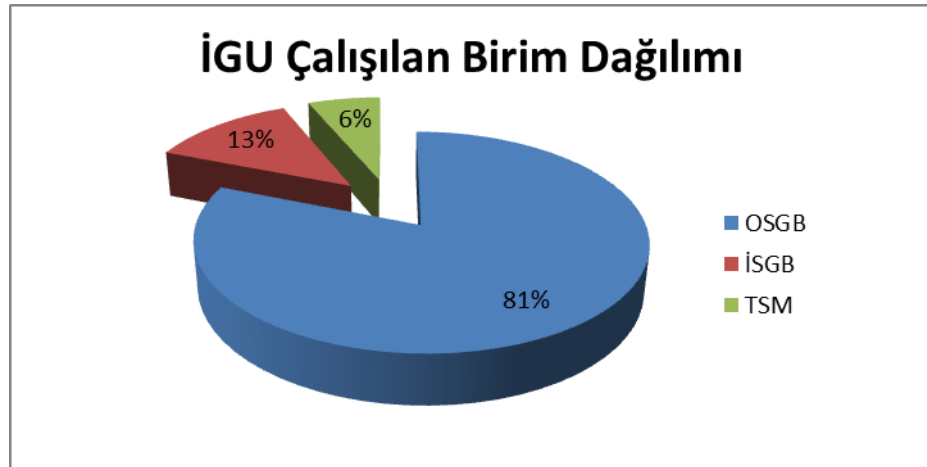
	Number of	Percentage
Internship was extremely useful	15	19.23%
Internship was useful but inadequate	22	28.21%
The workplace environment where the application was made was not appropriate.	9	11.54%
The occupational safety specialist was not interested in the application	6	7.69%
I could not keep up with the internship program	13	16.67%
Other	13	16.67%



Description: Only 19% of occupational safety specialists who participated in the questionnaire have expressed satisfaction with their internship at the end of the training.

9. What is the unit you work as an Occupational Safety Specialist? What is your seasonal employee number?

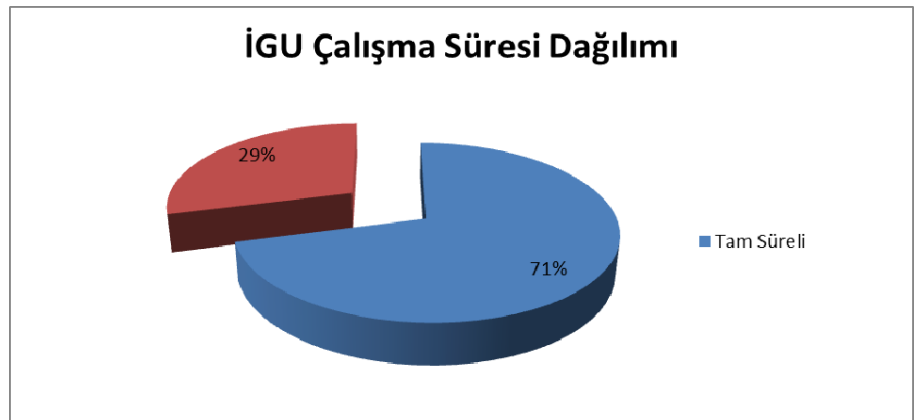
	Number of	Percentag
OSGB	64	81.01%
İSGB	10	12.66%
TSM	5	6.33%



Description: According to the analyses performed, 81% of the occupational safety specialists employed full-time in the region work at the Public Health and Safety Centres, 13% in Community Health Centres and 6% in the workplaces.

10. Which of the following is your employment type?

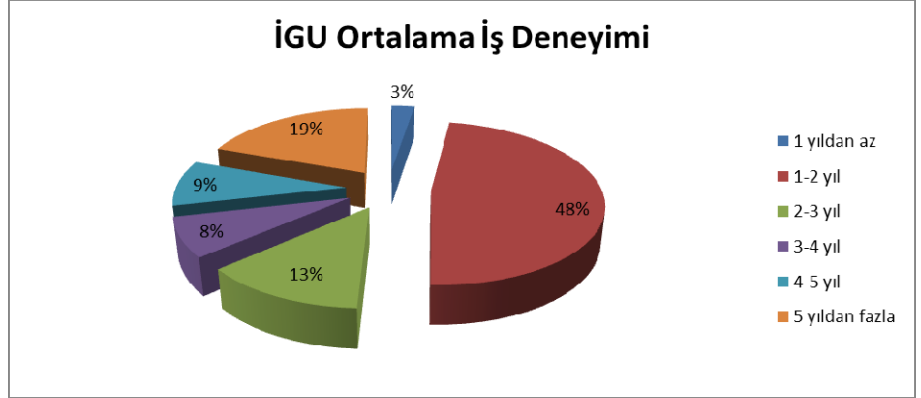
	Number of	Percentag
Full Time	56	70.89%
Part Time	23	29.11%



Description: According to the analysis, 71% of the occupational safety specialists working in the region are full-time, and 29% were employed part-time.

11. How long have you been employed as an Occupational Safety Specialist?

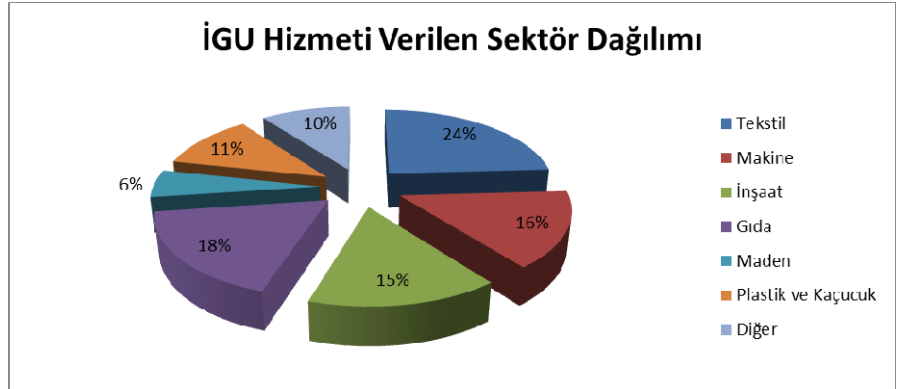
	Number of	Percentage
Less than 1	2	2.60%
1-2 years	37	48.05%
2-3 years	10	12.99%
3-4 years	6	7.79%
4-5 years	7	9.09%
More than 5	15	19.48%



Description: It has been found that 48 % of the occupational safety specialists who participated in this study had 1-2 years of work experience, whereas 19 % had more than 5 years of experience.

12. Which business are you working at?

	Number of	Percentage
Textile	47	24.10%
Machinery	30	15.38%
Construction	30	15.38%
Food	35	17.95%
Mining	11	5.64%
Plastic and Rubber	22	11.28%
Other	20	10.26%

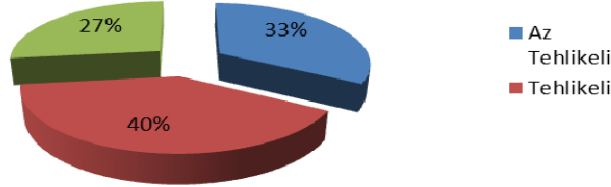


Description: It has been determined that among the occupational safety specialists participated in this study; 24 % were engaged in textile, 15% in construction, 15 % in machinery, 17 % in food, 11 % in Plastics and 5 % in mining sectors.

13. What is the hazard class of the workplace you serve in?

	Number of	Percentage
Minor Hazard	48	33.10%
Hazardous	58	40.00%
Major Hazard	39	26.90%

İş Güvenliği Uzmanının Hizmet Verdiği İşyerlerinin Tehlike Sınıfı Dağılımı

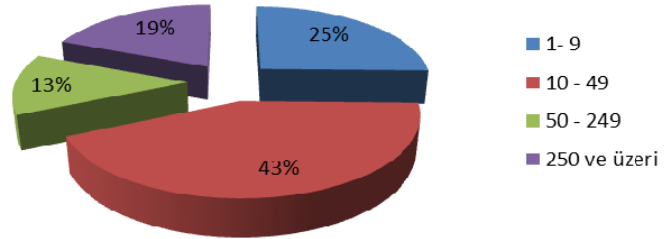


Description: The occupational safety specialists participated in this study serve in work places with a ratio of 40 % Hazardous, 33 % minor hazard and 26 % major hazard.

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

	Number of	Percenta
1 - 9	20	25.32%
10 - 49	34	43.04%
50 - 249	10	12.66%
250 and above	15	18.99%

Hizmet verilen İşyeri Çalışan Sayısı Dağılımı

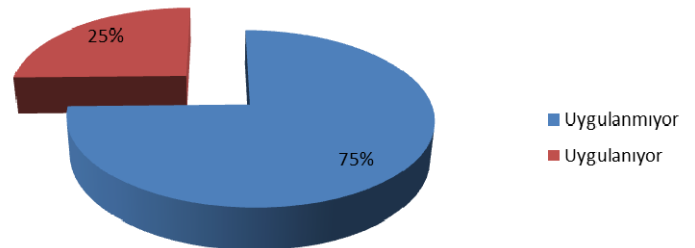


Description: 80 % of the occupational safety specialists participated in this study provide services to workplaces with less than 250 employees.

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

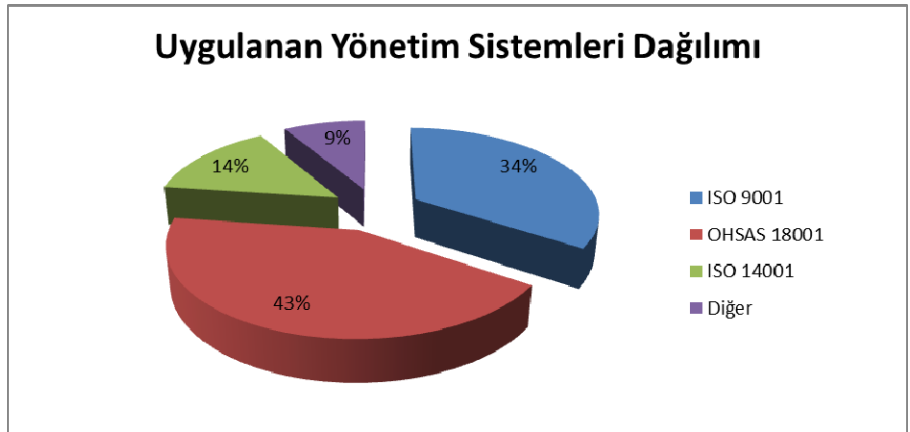
	Number of	Percenta
Not Applied	59	74.68%
Applied	20	25.32%

Yönetim Sistemi Uygulanma Oranı



Number of	Percenta
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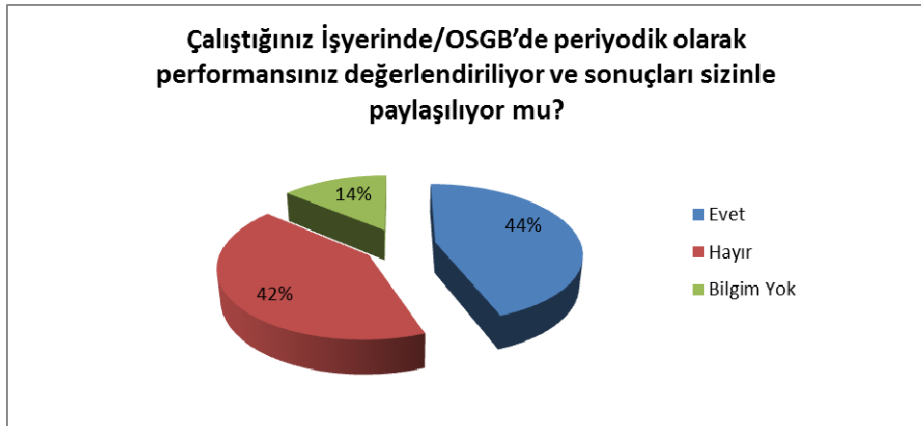
ISO 9001	12	34.29%
OHSAS 18001	15	42.86%
ISO 14001	5	14.29%
Other	3	8.57%



Description: No management system standard has been implemented at 75% of the workplaces where Occupational Safety Specialists serve. OHSAS and ISO 9001 standards have been taken into priority in the workplaces where they are applied.

16. Is there and evaluation of your performance periodically at your workplace / OSGB and are the results shared with you?

	Number of	Percenta
Yes	35	44.30%
No	33	41.77%
I Don't Know	11	13.92%

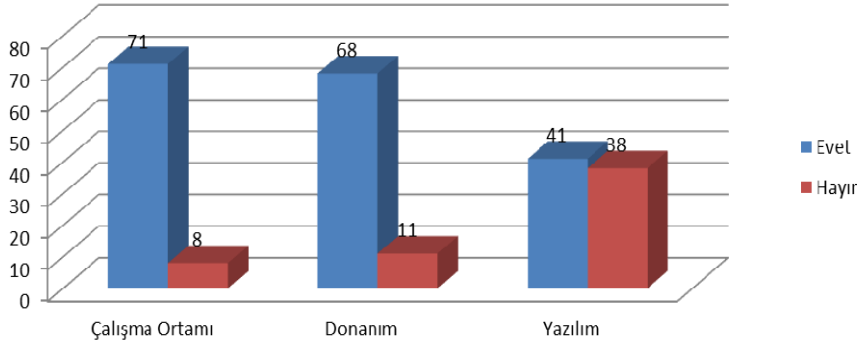


Description: According to the evaluations made, performances of 44 % of occupational safety specialists are evaluated in the workplaces they are employed at. This reveals the need for the development of Human Resource Management Systems in the workplace.

17. Does your workplace / OSGB provide adequate facilities for the realization of OHS service?

	Yes	No
Working	71	8
Hardware	68	11
Software	41	38

İşyeri Tarafından Sağlanan İmkanların Dağılımı



Description: According to the assessments, occupational safety specialists need more software than documentation and written documents in order to increase the effectiveness of occupational health and safety services.

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

	Number of	Percentage %
Employer / Representatives not involved in the process or not following the	41	51.90%
Employee Representatives / Employees do not participate	4	5.06%
The organization to which services are provided does not have a management	9	11.39%
Employer does not want to share information about service or product terms	2	2.53%
The employer does not allocate sufficient funds	17	21.52%
Other	6	7.59%

İSG Uygulamalarını Zorlaştıran En Temel Sorun (İGU)

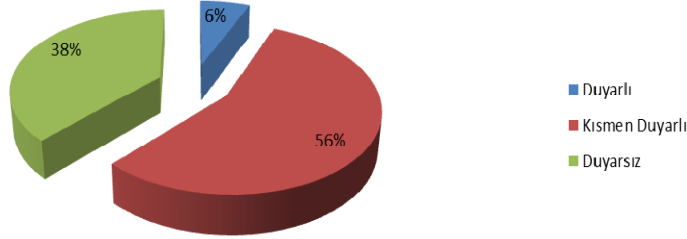


Description: According to occupational safety specialists, the main problem that complicates occupational health and safety practices is that Employers / Representatives are not involved in the process or follow the process. This finding has 52 %, and it is followed by the employer's non-allocation of sufficient funds (21 %).

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

	Number of	Percentage
Sensitive	5	6.33%
Partially	44	55.70%
Not Sensitive	30	37.97%

İşverenin İSG Konusundaki Duyarlılığı

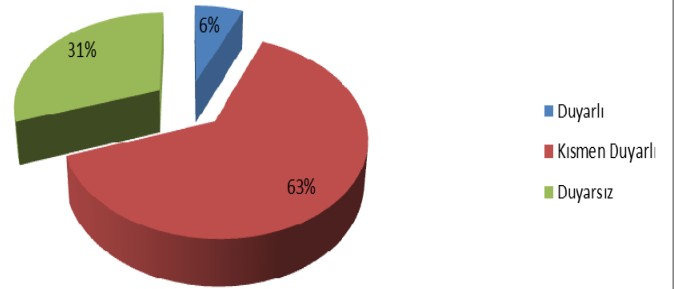


Description: According to occupational safety specialists, the employers of the workplaces receiving services are only 25% sensitive to occupational health and safety. Employers are considered as insensitive with 75 %.

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

	Number of	Percenta
Sensitive	5	6.33%
Partially	50	63.29%
Not Sensitive	24	30.38%

Çalışanların İSG Konusundaki Duyarlılıkları

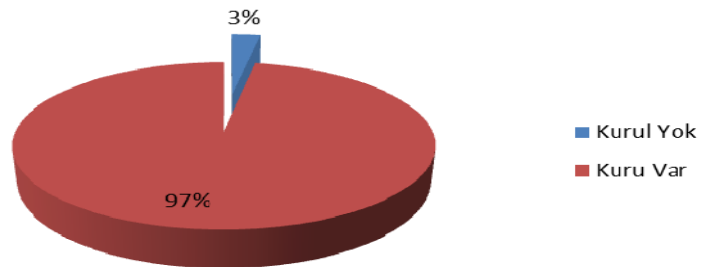


Description: According to occupational safety specialists, employees are 66% insensitive.

21. If any, do you think your OHS Board works effectively?

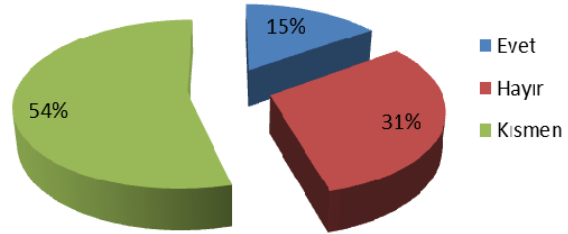
	Number of	Percentag
There is No	2	2.70%
There is a	72	97.30%

İGU Hizmeti Verilen İşyerlerinde İSG Kurul Durumu



	Number of	Percentag
Yes	11	15.28%
No	22	30.56%
Partially	39	54.17%

İş Güvenliği Uzmanlarına Göre İSG Kurulunun Etkin Çalışma Durumu

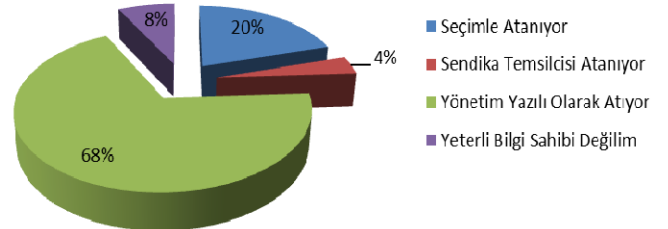


Description: It is said that 97% of the workplaces where the Occupational Safety Specialists in the TRC 1 region are employed have OHS Boards and 41% of these OHS Boards work effectively.

22. Which methods are used to determine employee representatives?

	Number of	Percenta
They are appointed by	16	20.25%
A Union Representative is	3	3.80%
The Management Appoints by	54	68.35%
I Do Not Have Adequate	6	7.59%

İGU'ya göre Çalışan Temsilcileri Belirleme Yöntemi

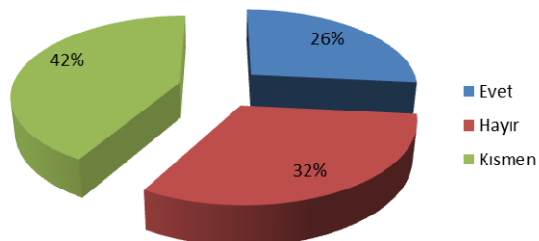


Description: Employees' Representatives in the TRC 1 regions are designated by the Management with a written assignment in 68% of the workplaces where the Occupational Safety Specialists serve.

23. Do you think employee representatives are significant contributors to OHS activities?

	Number of	Percentag
Yes	21	26.58%
No	25	31.65%
Partially	33	41.77%

Çalışan temsilcilerinin İSG çalışmalarına önemli katkısı olduğunu düşünüyor musunuz?

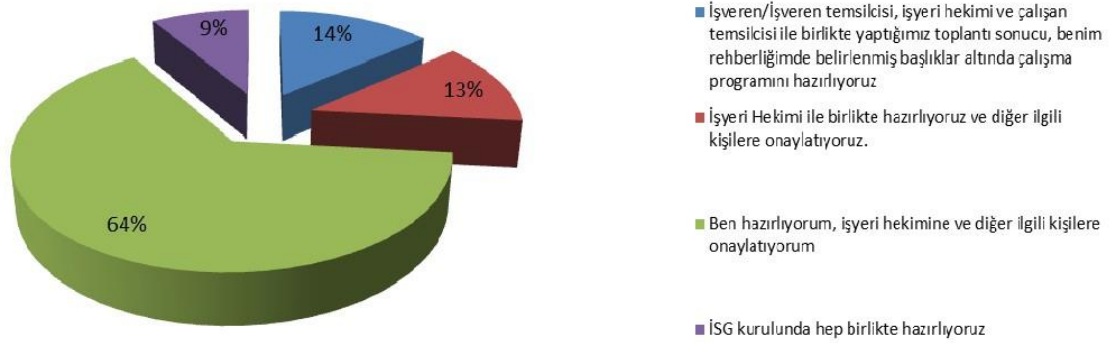


Description: In the TRC 1 region, Occupational Safety Specialists often think that employee representatives do not contribute to studies of Occupational Health and Safety.

24. What path is being followed in preparing the annual work plan and evaluation report at the workplace where you serve?

	Number of	Percentage
We are preparing the work program under the headings determined in my guidance, through a meeting with the employer / employee representative, workplace doctor and	11	13.92%
We prepare it together with the Workplace Doctor and we get it approved by the relevant people.	10	12.66%
I prepare it and get it approved by Workplace Doctor and other relevant people.	51	64.56%
We prepare together at the OHS board	7	8.86%

Çalışma Programı Hazırlanmasında İGU Bakış Açısı



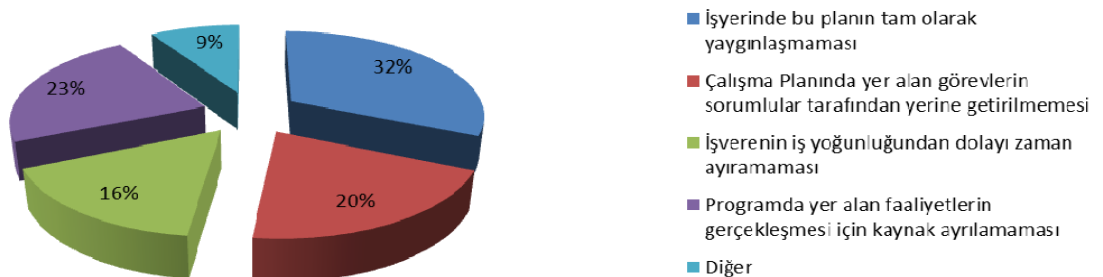
Description: 64 % of the occupational safety professionals in the region state that they prepare the work plan at the workplaces where they serve.

This indicates that only the occupational safety part of annual occupational health and safety plans are worked.

25. What do you think is the most important reason for Occupational Health and Safety plans to fail?

	Number of	Percentage %
This plan is not fully widespread in the workplace	25	31.65%
Duties in the Work Plan are not fulfilled by the responsible persons	16	20.25%
The employer cannot allocate time because of the workload	13	16.46%
Failure to allocate resources for the realization of the activities in the program	18	22.78%
Other	7	8.86%

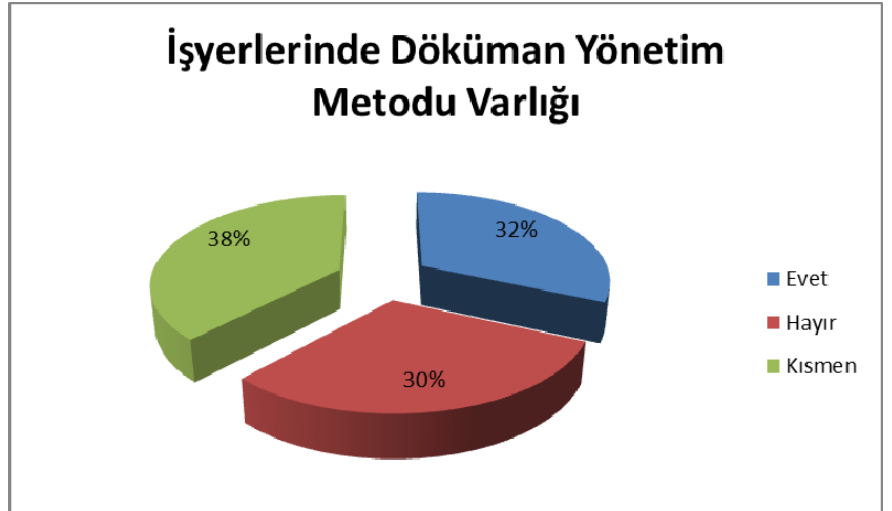
Çalışma Planının Uygulanamamasın En Temel Nedeni



Description: According to occupational safety specialists working in the region, the basic reason for non-implementation of the annual work plan for occupational health and safety is the inadequate dissemination of it in the workplace. The answer given in the previous question also confirms this; and if the plan is prepared and approved by a single person, the plan's dynamism is ruined.

26. Is there a method for cases such as document publication, monitoring etc. at the workplace you serve?

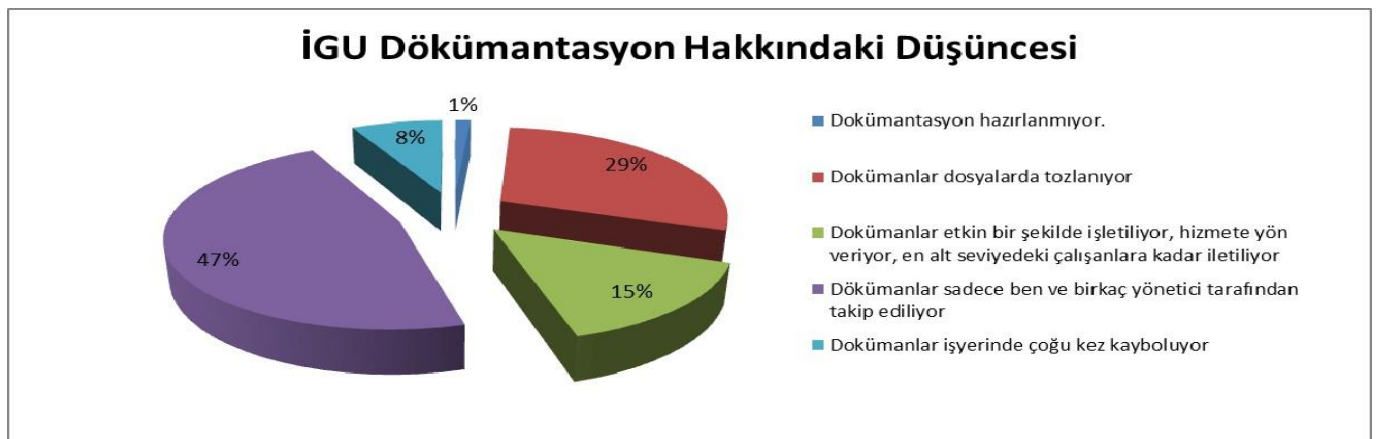
	Number of	Percentage
Yes	25	31.65%
No	24	30.38%
Partially	30	37.97%



Description: According to Occupational Safety Specialists, no document management method has been defined in 49 of every 100 workplaces served.

27. Specify your nearest idea about the documentation (Instructions, Record, Instruction, Plan, Procedure) to be prepared in the context of occupational health and safety

	Number of	Percentage
No documentation is prepared.	1	1.27%
The documents get dusty in files	23	29.11%
Documents are actively managed, service-oriented, communicated to the lowest level of employees	12	15.19%
The documents are only monitored by me and a number of managers	37	46.84%
Documents often disappear in the workplace	6	7.59%

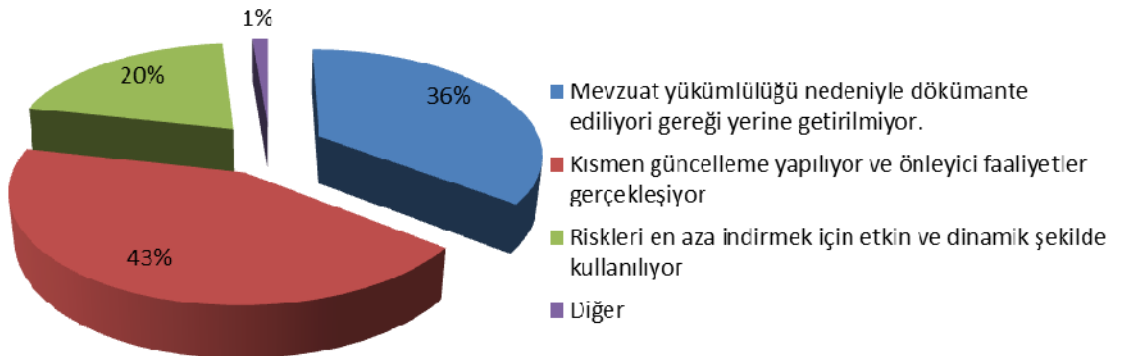


Description: According to Occupational Safety Specialists, the documents are only followed by experts and a few managers with a rate of 46%. For 30%, the documents get dusty in files.

28. Check the closest option for you in the Risk Assessment performed at your workplace

	Number of	Percentage
It is documented due to legislation, but it is not implemented.	28	35.44%
Partially updated and preventive actions take place	34	43.04%
Used effectively and dynamically to minimize risks	16	20.25%
Other	1	1.27%

İşyerinde Risk Değerlendirme için düşünceniz (İGU)

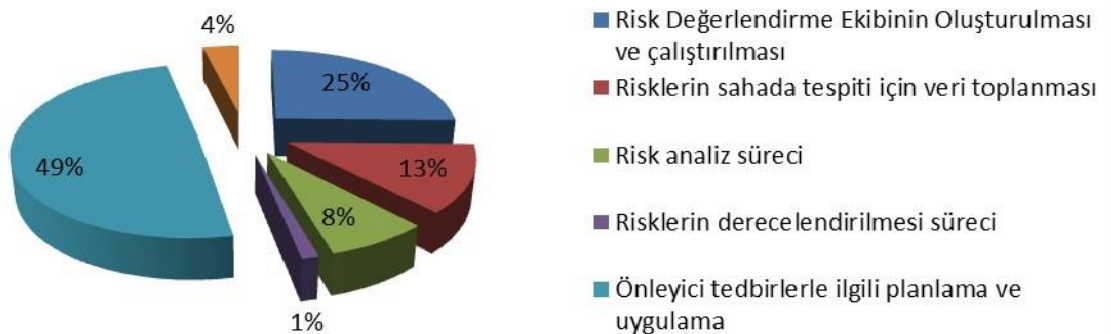


Description: Occupational Safety Specialists indicate that Risk Assessment Activities are Updated by 43 % at Workplaces and that the preventive measures are taken. Specialists indicate by 35 % that Risk Assessment is documented at workplaces due to legislation.

29. Which is the most challenging stage in Risk Assessment phase?

	Number of	Percentage %
Creation and operation of Risk Assessment Team	20	25.32%
Data gathering for on-site determination of risks	10	12.66%
Risk analysis process	6	7.59%
Process of risk grading	1	1.27%
Planning and implementation of preventive measures	39	49.37%
Other	3	3.80%

Risk Değerlendirmede En Zorlayıcı Aşama (İGU)

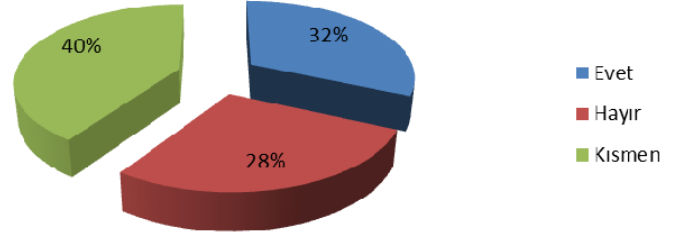


Description: According to Occupational Safety Specialists, the most challenging phase of risk assessment is the realization of planning and implementation activities for preventive measures.

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

	Number of	Percentage
Yes	25	31.65%
No	22	27.85%
Partially	32	40.51%

Hizmet verdiğiniz işyerinde kazalara yönelik kök-sebebe analizleri yapıyor mu? (İGU)

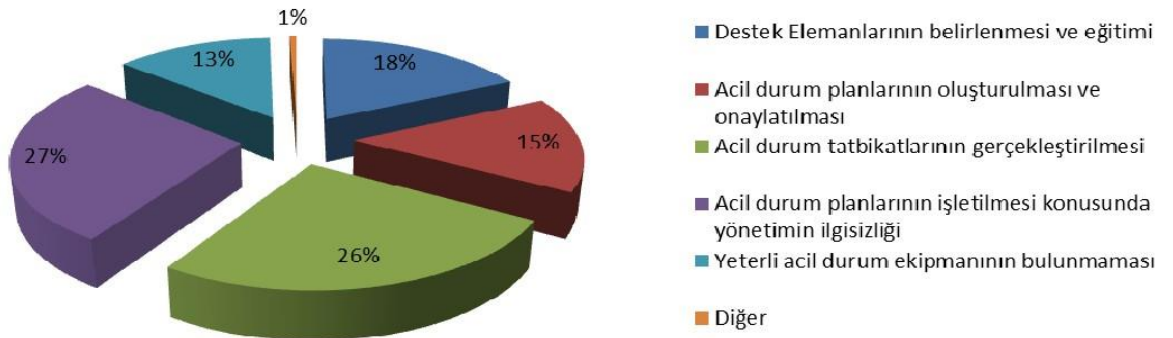


Description: According to Occupational Safety Specialists, root cause analysis for job accidents is performed in 52% of the workplaces that are served.

31. Which challenging situations do you encounter in terms of emergency management at your workplace? ((If you mark more than one option, rate the most important cause by giving 1 - 7, respectively.))

	1	2	3	4	5	6	7	Weighted Average	Percentage %
Identification and training of support staff	16	8	2	4	2	4	0	28.496	17.90%
Creation and approval of emergency plans	6	12	4	5	5	1	0	24.318	15.28%
Realization of emergency drills	22	6	14	5	1	3	0	41.17	25.86%
Management's lack of interest in running emergency plans	25	9	8	7	2	0	0	43.176	27.12%
Inadequate emergency equipment	3	7	7	6	3	9	0	21.176	13.30%
Other	0	0	0	1	0	0	2	0.852	0.54%

Acil Durum Yönetiminde Karşılaşılan Sorunlar

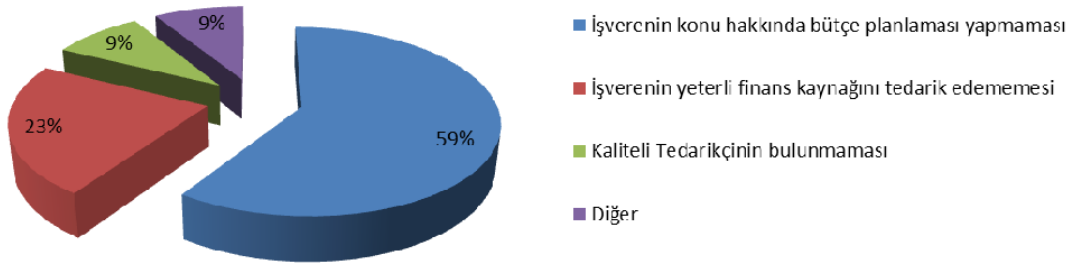


Description: The most compelling factor for emergency situations in workplaces where Occupational Safety Specialists serve is designated as the Lack of Interest of Management of Emergency Plans. The second coercive factor, which is thought to be related to this factor, has been analysed as the Realization of Emergency Drills.

32. What do you think is the basic reason for lack of Emergency Equipment in workplaces?

	Number of	Percentage %
Employer does not make budget planning on this issue	47	59.49%
The employer cannot supply sufficient financial	18	22.78%
Lack of Quality Suppliers	7	8.86%
Other	7	8.86%

İşyerinde Yeterli Acil Durum Ekipmanının Bulunmama Nedeni

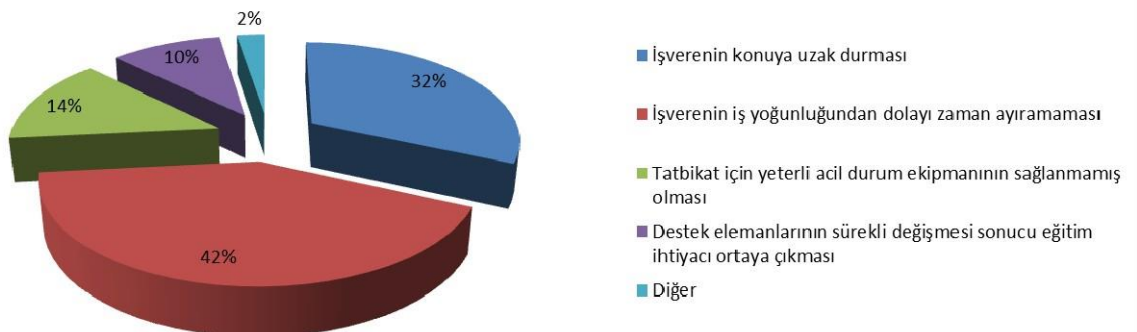


Description: According to Occupational Safety Specialists, employers do not have emergency equipment in their workplaces because they do not plan related budgets. The second main reason is considered as the lack of sufficient financial resources of employer.

33. Which one is the biggest factor in the non-fulfilment of Emergency Drills?

	Number of Answers	Percentage
Employer is not interested	25	31.65%
The employer cannot allocate time because of the workload	33	41.77%
The lack of adequate emergency equipment for drill	11	13.92%
Constant change of support staff causes the emergence of training needs	8	10.13%
Other	2	2.53%

Acil Durum Tatbikatları Neden Gerçekleşmiyor?

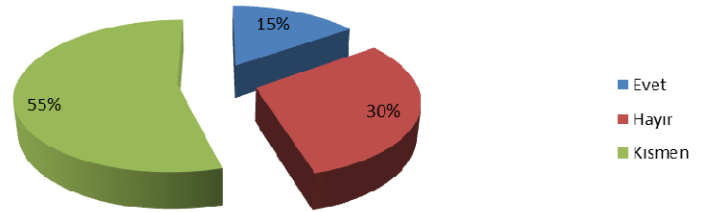


Description: According to Occupational Safety Specialists, employers often do not arrange emergency drills at workplaces because they do not spend time due to work intensity and they have no interest in the subject.

34. Are adequate precautions taken for fire safety in the workplace?

	Number of	Percentage
Yes	12	15.19%
No	24	30.38%
Partially	43	54.43%

İşyerlerinde yangın güvenliği ile ilgili yeterli önlemler alınıyor mu?



Description: Occupational Safety Specialists stated that in the TRC 1 region, the safety measures related to fire are inadequate in about 60% of the workplaces.

35. If you think that there are not enough precautions about fire safety in your workplace, which of the following are the reasons for this?

	1	2	3	4	5	Weighted Average	Percentage %
Requires too much material investment	35	14	6	0	1	50	32.26%
Insufficient awareness of employer	31	21	6	1	0	51.8	33.42%
Inadequate hardware vendor in the region	2	5	9	4	4	13.8	8.90%
Lack of information by OHS Professionals on this issue	2	3	4	10	5	11.8	7.61%
In particular, there is no compulsory sanction of management in Organized Industrial Zones and Sites	9	11	12	4	5	27.6	17.81%

İşyerlerinde Yangın Önlemlerinin Alınmamasının Nedeni

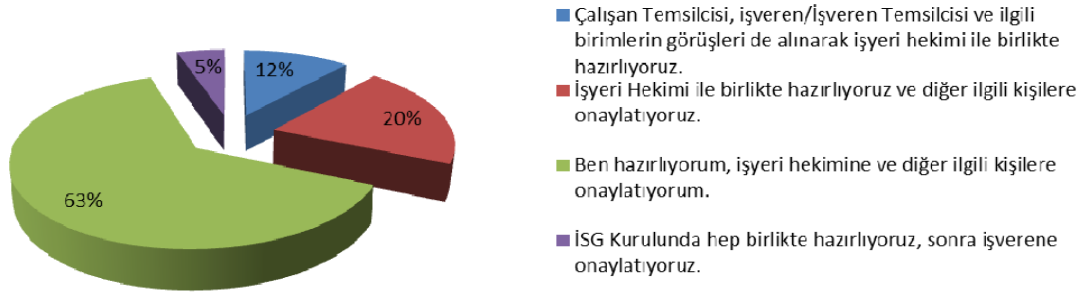


Description: Occupational Safety Specialists have attributed the lack of fire prevention in the TRC 1 region to the lack of awareness of the employer and the amount of material investment it requires.

36. What course is being followed in preparing the training plan at the workplace you serve?

	Number of	Percenta
We prepare it with Workplace Doctor by taking the opinions of Employee Representative, employer/ employee Representative and related units.	9	11.39%
We prepare it together with the Workplace Doctor and we get it approved by the relevant	16	20.25%
I prepare it and get it approved by Workplace Doctor and other relevant people.	50	63.29%
We are all working together in the OHS Board, then we send it to employer for approval.	4	5.06%

Hizmet verdiğiniz işyerinde Eğitim planı hazırlanmasında hangi yol izleniyor?

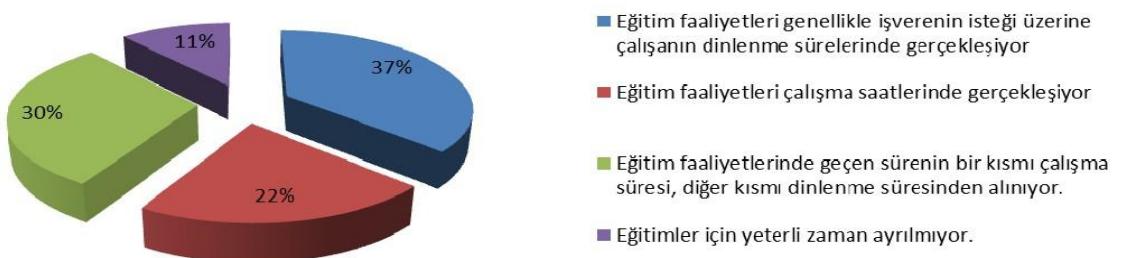


Description: 63% of Occupational Safety Specialists said that most of the workplaces in which they provide services prepare their own training plans and approved by other mechanisms.

37. What is the situation you are dealing with about the approach of Employer(s) in allocating time to the training of employees?

	Number of	Percenta
Training activities usually take place at the employer's request during employee's rest periods	29	36.71%
Training activities take place during working hours	17	21.52%
Part of the training is made during the working hour, and some is made during the rest time.	24	30.38%
There is no sufficient time for trainings.	9	11.39%

İşveren/İşverenlerin çalışanların eğitimine zaman ayırma konusunda yaklaşımları



Description: Occupational Safety Specialists have reported that trainings are usually carried out by the employer's request during the employee's rest periods. Nevertheless, it is stated that some employers take the rest time of employees for training.

38. Mark the most relevant option for your training services to new recruits.

	Number of	Percentage
The responsible person in charge of the workplace provides me information about the new recruits	29	36.71%
I detect the untrained worker with my own determination and provide training	28	35.44%
New recruit begins to work without any training and he/she can participate in planned trainings	22	27.85%



Description: In 72 % of the workplaces served, employees do not continue with their works without training. In about half of this rate, occupational safety specialists determine the untrained employees by themselves and provide them with the necessary training.

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

	Number of	Percentage
Yes	27	34.18%
No	9	11.39%
Partially	43	54.43%

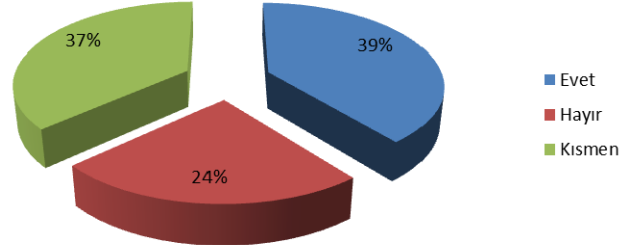


Description: Occupational safety specialists who serve in the TRC 1 region have stated that the vast majority of employers are providing suitable tools, equipment, space etc. for OHS Trainings.

40. Are occupational health and safety trainings assessed and analysed for concrete results?

	Number of	Percentage
Yes	31	39.24%
No	19	24.05%
Partially	29	36.71%

İş Sağlığı ve Güvenliği Eğitimleri Değerlendiriliyor ve Somut Sonuçları Analiz Ediliyor mu?

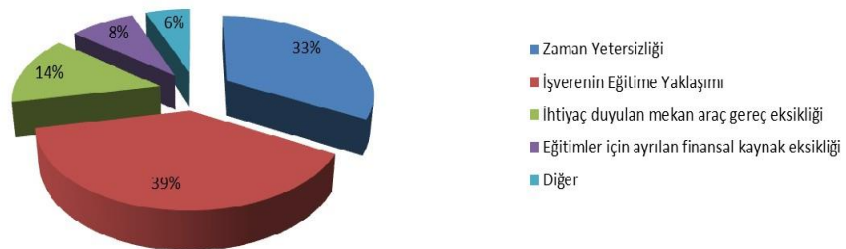


Description: According to occupational safety specialists serving in the TRC 1 region, the results of employees' training are analysed in great detail.

41. What is the most important reason that disrupts the employee health and safety training process?

	1	2	3	4	5	Weighted Average	Percentage %
Lack of Time	28	20	4	3	0	47.6	32.92%
Approach of Employer to Training	40	18	1	3	0	56.2	38.87%
Lack of space and equipment needed	6	6	14	2	1	20.2	13.97%
Lack of financial resources allocated for training	2	5	5	8	0	12.2	8.44%
Other	5	3	1	0	2	8.4	5.81%

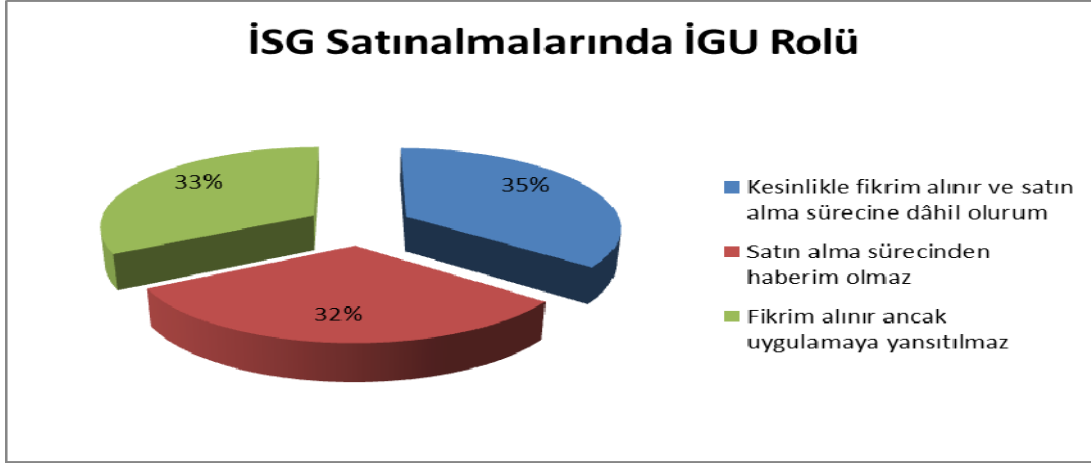
Çalışanların İş Sağlığı ve Güvenliği Eğitim Sürecini aksatan En Önemli Nedenler



Description: According to occupational safety specialists serving in the TRC 1 region, the most important reason that disrupts the OGS training process of employees is the employer's approach to training (39 %) and the lack of time allocated for training (33 %).

42. Which is the employer's approach in terms of support services and product purchases (PPE, laboratory service, emergency equipment, etc.) needed for occupational health and safety in your workplaces?

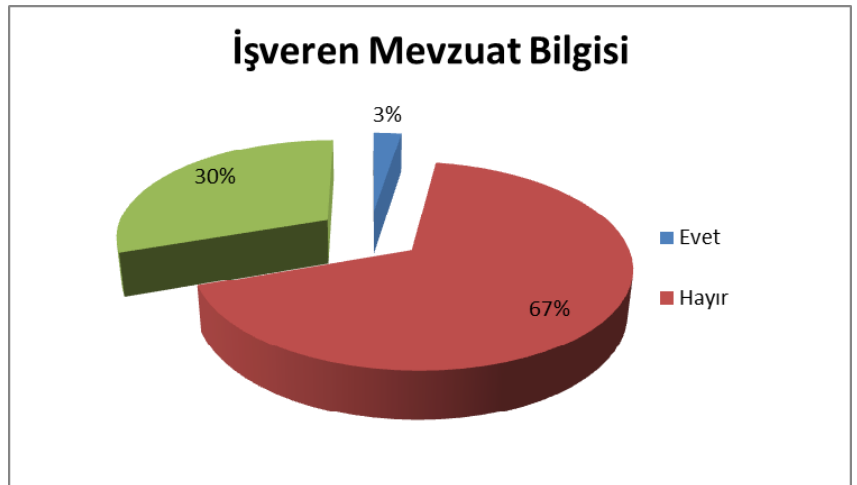
	Number of Answers	Percentage %
My opinion is asked and I am included to the purchase process	28	35.44%
I am not informed about the purchase process	25	31.65%
My opinion is asked but not put into practice	26	32.91%



Description: 32 % of the occupational safety specialists who serve in the region have expressed that they have not communicated with employers about purchasing materials or services related to OHS.

43. Do you think the knowledge on legislation of the employers you serve is sufficient?

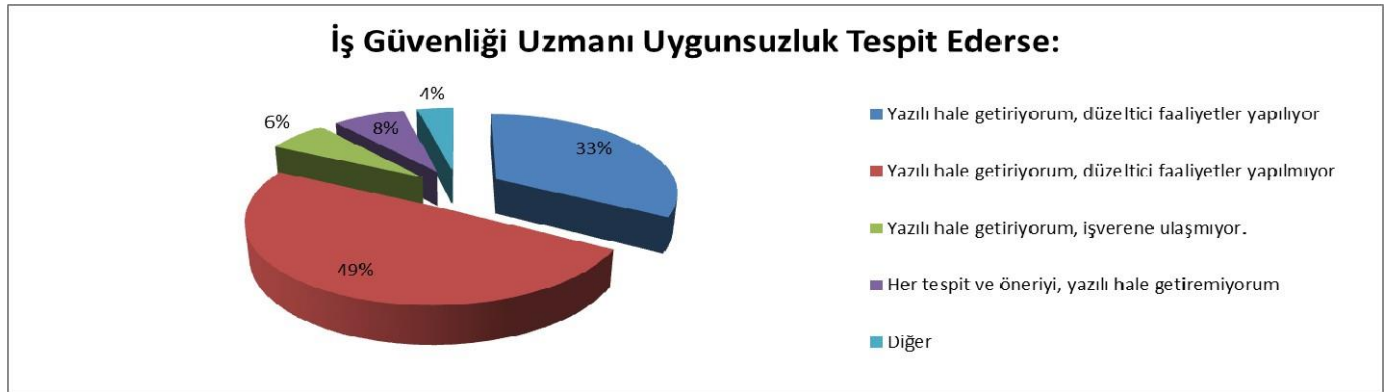
	Number of	Percentage
Yes	2	2.53%
No	53	67.09%
Partially	24	30.38%



Description: 82 % of the occupational safety specialists who serve in the region think that employers' knowledge on legislation is not enough.

44. Mark the closest option related with the approach of employer to your suggestions about the inappropriate cases with OHS at the workplace(s)?

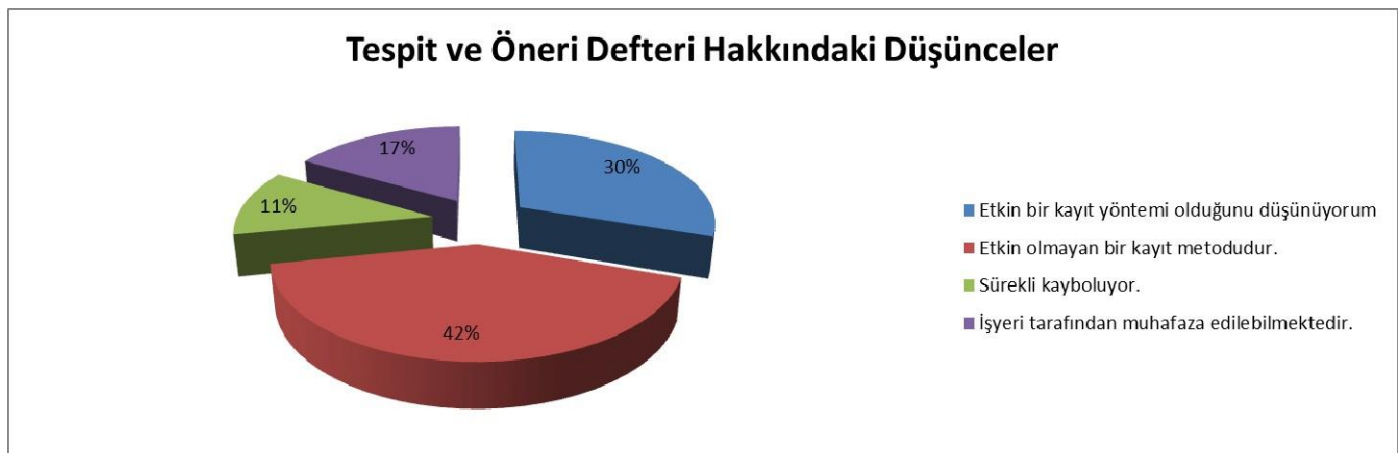
	Number of Answers	Percentage %
I write them down, and corrective actions are taken	26	32.91%
I write them down, and corrective actions are not taken	39	49.37%
I write them down, they do not reach to employer.	5	6.33%
I cannot write down each determination and suggestion.	6	7.59%
Other	3	3.80%



Description: The occupational safety specialist serving in the region have said that they turn any discrepancy at workplaces into a written format (49 %), but no corrective actions are taken.

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

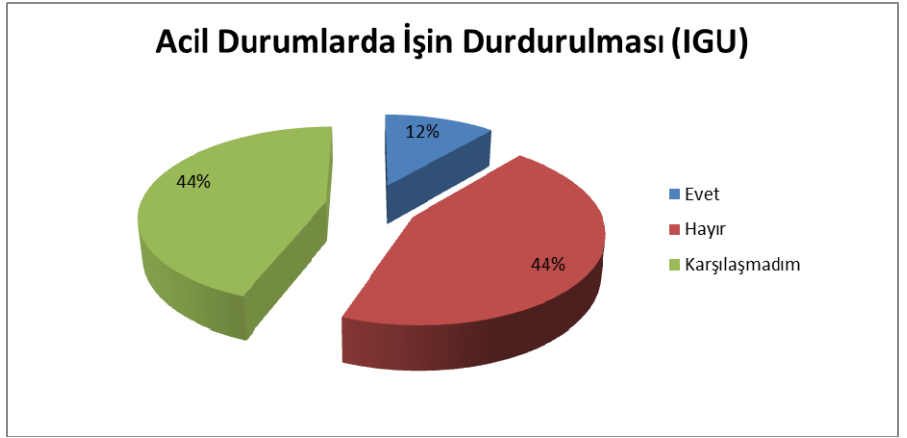
	Number of Answers	Percentage %
I think it's an effective recording method	29	30.21%
It is an ineffective recording method.	40	41.67%
It gets lost continuously.	11	11.46%
It can be preserved by the workplace.	16	16.67%



Description: 42 % of the occupational safety specialists serving in the region have stated that identification and suggestion book is an ineffective recording method. 11% of the experts have stated that the proposal book is continuously lost.

46. Can you stop work at the workplace where an emergency action needs to take place?

	Number of	Percenta
Yes	9	11.39%
No	35	44.30%
I Did Not Face	35	44.30%



Description: Only 12% of occupational safety specialists who serve in the region can stop work in case of an emergency in the workplace.

47. Did you make any formal complaints about the services you have provided up to now in which the employer continued to work without removing the life-threatening situation?

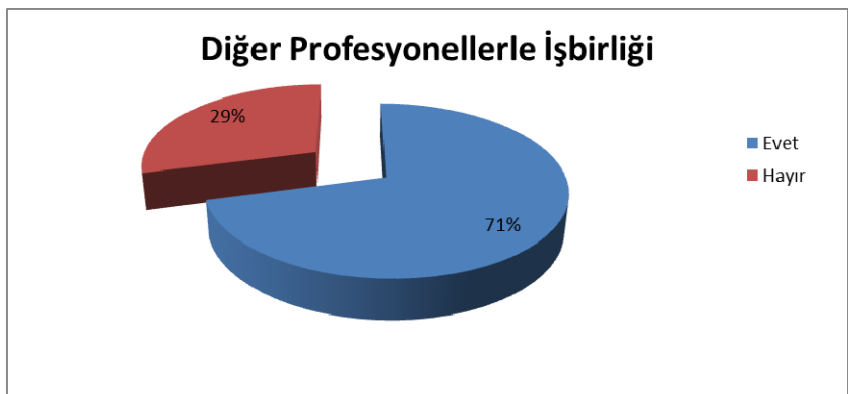
	Number of	Percenta
Yes	4	5.06%
No	22	27.85%
I Did Not Face	53	67.09%



Description: Only 5% of occupational safety specialists working in the region were able to complain to public authorities about the employers who continued to work without removing the life-threatening situation. Occupational safety specialists have shown financial dependence as a reason for not complaining.

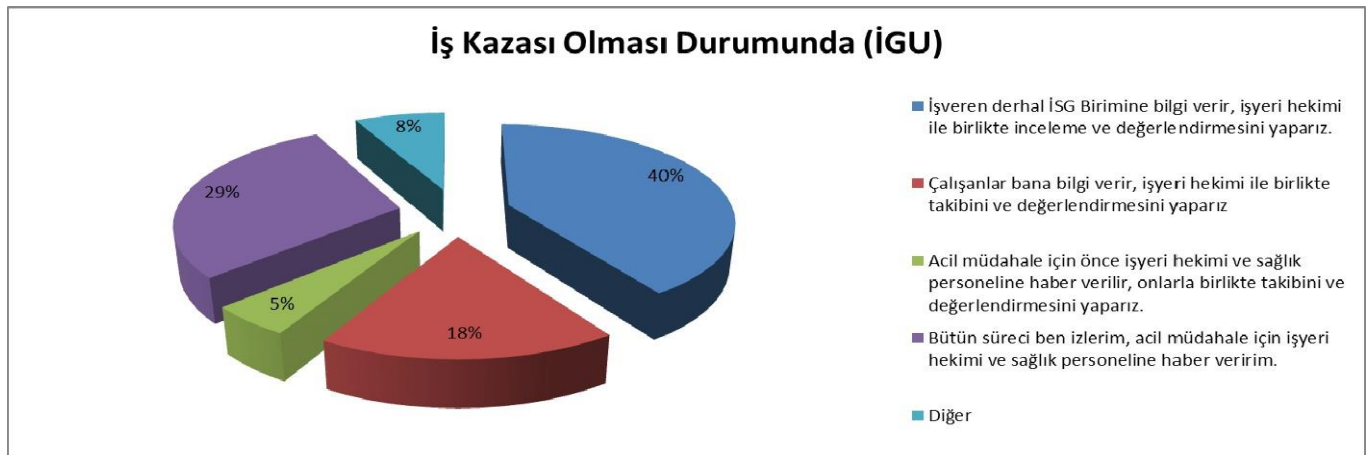
48. Can you collaborate effectively with other OHS Professionals (occupational safety specialist, workplace doctor, another specialist) you are working together?

	Number of	Percenta
Yes	56	70.89%
No	23	29.11%



49. Which option below best describes the organization to be carried out in case of a work accident at the workplace you serve?

	Number of	Percentage
The employer immediately informs the OHS Unit, and we review and evaluate it together with the workplace doctor.	32	40.51%
The employees inform me, and we review and evaluate it together with the workplace	14	17.72%
For urgent intervention, firstly the workplace doctor and health personnel are informed and we follow up and evaluate with them.	4	5.06%
I monitor the whole process and inform the workplace doctor and health personnel for urgent intervention	23	29.11%
Other	6	7.59%



Description: Occupational safety specialists who serve in the region often express that they are informed immediately by the employer in case of a work accident and that they have examined and evaluated the case with the workplace doctor.

50. Within the scope of working environment surveillance and health inspection, which of the following best describes your situation?

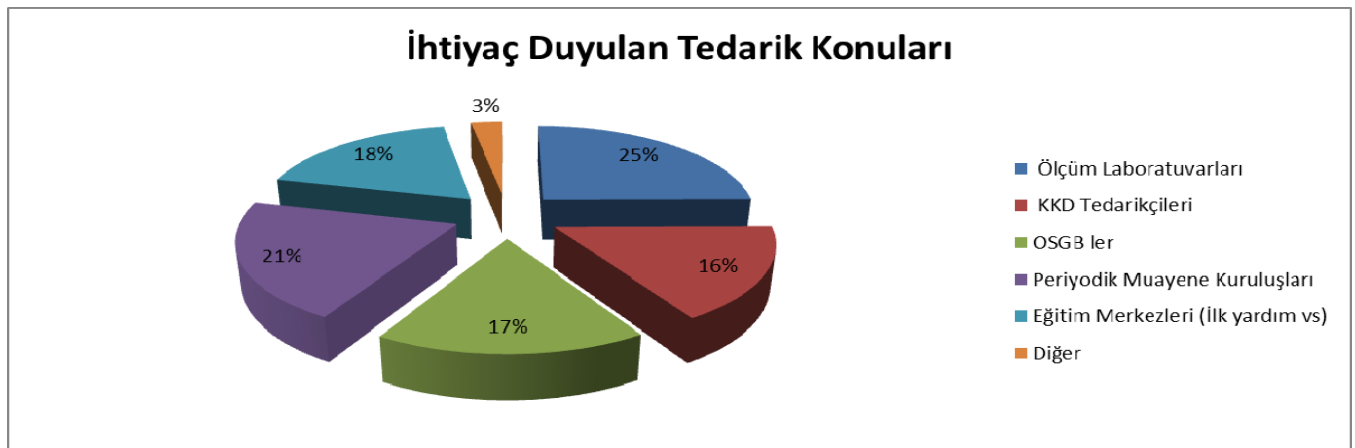
	Number of	Percentage %
We exchange information and data with the workplace doctor	29	36.71%
Both I and workplace doctor are engaged in our own work and we consult	22	27.85%
If necessary, we come together on the basis of document.	13	16.46%
We have a very poor communication.	10	12.66%
Other	5	6.33%



Description: Occupational Safety Specialists have expressed that they share information with workplace doctors in general and most of the time both the workplace doctor and specialists do their own work and that they consult occasionally.

51. Which of the following are needed in terms of service or product providers in the area of Occupational Health and Safety?

	Number of Answers	Percentage %
Measuring Laboratories	53	24.88%
PPE Suppliers	35	16.43%
OSGB	36	16.90%
Periodical Examination Institutions	44	20.66%
Training Centres (First Aid etc.)	39	18.31%
Other	6	2.82%



Description: According to the occupational safety specialists serving in the TRC 1 region, measurement laboratories and periodic examination institutions are mostly needed in the region.

52. 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?

53. Everyone opens up OSGB, they consider the occupational safety as a way of income. They provide services with cheap prices and the quality of service decreases. If the specialist receives the service fee from employer or from OSGB, then he/she has no power of sanction. Therefore, the expert, the doctor and the OSGB owners manage the situation as the quality of service remains as it is or it simply goes backwards.

54. The economic bond between the OHS professionals and Employer should be broken.

55. employers or employer representatives should be trained and informed about occupational safety.

56. The Ministry audits/inspections in the region are not adequate, they should be increased and the sanctions should be implemented in order

to make the OHS studies more efficient and to extend the culture.

57. The certificate upgrade examination held by the Ministry in 2013 has helped to include occupational health and safety professionals with inadequate fitting into the system, which damaged the system in long-term. Some of these individuals cannot provide sufficient services to the companies. They usually do whatever the companies consider in favour for occupational health and safety. The increase of their number has decreased the quality of services in common Health and Safety units. Specialists or OSGBs provide occupational health and safety services in competitive market. And they turn into commercial institutions, moving away from the culture of occupational health and safety.

58. Cooperation among institutions should be increased. More studies should be conducted in order to increase the awareness of employer. Common Health and Safety Units should be audited harder. The compatibility of specialists should be questioned. Development agencies should allocate funds for occupational health and safety.

59. Employers should be informed more about the occupational health and safety, and necessary precautions should be taken. They should participate in trainings. Trainings should be arranged for employers by Ministry of Labour and Social Security, Training Centre.
60. First of all, I think that the answers I have provided are inadequate. As the companies receive this service from Common Health and Safety Units, and as we are employees in here, I do not think that there will be any progress in terms of occupational safety. When we make suggestions to the employer, if the employer does not like the idea then he makes a deal with another Common Health and Safety Unit. In such a case, the OSGB where we work at loses a company (client) and we face with trouble or they dismiss us. I believe that the Government should employ the occupational safety specialists and they should have a sanction power. The system has to be reviewed and arranged in a very fast way. Whenever there is a work accident, the occupational safety specialists directly become the suspects, and this has to be ended soon. Although the occupational safety specialists have the authority to stop or shutdown the workplace in accordance with the regulation, we do not have the actual power to do that. Because we have to overlook things in order to keep our jobs.
61. The employer should not consider the suggestions of occupational health and safety specialist as a material burden in order to settle down the culture of occupational health and safety in the country. If so, then they should receive material support from the Government. Otherwise, what we say as occupational safety specialists are never put into practice and we have no sanction power.
62. Occupational safety specialists are not doing their jobs completely. As long as they are not a part of the Government employees, there will be no efficiency. Occupational safety specialist should only work for government, because the employer terminates the employment whenever there is a clash between the both sides. If the occupational safety specialist is employed under Government, then it will be sufficient for him to visit the company 3-4 times a year. Now, there are companies we visit on a weekly basis, but there is no progress. The occupational safety specialists are employed with very low wages, therefore there is a constant change. This also bothers the employer.
63. Occupational safety specialists should work at government. The audit frequencies and authority of experts should be enhanced.
65. Law No. 6631 should be fully implemented and an efficient control should be made.
66. Ministry or a common pool should pay the wages of occupational safety services and the authority of occupational safety specialist and workplace doctor should be increased.
67. There is no wage policy. Workplace doctors should be separated from occupational safety. The control of Government is inadequate. The training on occupational health and safety should be realized somewhere outside the workplace.
68. In general, occupational safety is not fully settled in Turkey. No one (service providers, Workplace Doctor, specialists) do not fulfil their job. I believe regular inspections will fix this. I think specialist and doctor have to be employed individually and their wages should be paid from the fund established by Government. If it continues like this, then we will continue to deceive each other.
69. There is no inspection, none of the workplaces follow the rules. The rules of occupational safety and health are not followed in any one of the constructions. Everything is on paper.
70. If the necessary financial support is provided, if the observations are explained without the fear of losing the job, if we will have more authority to make pressure, If the Employees will be allocated more time
71. First of all, employee must be informed about occupational safety and health. The culture of employee on this issue reflects the workplace. If Employer cares, so does the Employee. Corruption starts at the top. Workplace doctors must understand that this is not only about ambulatory care services. Even the personal protective equipment is monitored by occupational safety specialists. Occupational Diseases are not known by anyone, or they are not taken care of. Majority of occupational safety specialists are inexperienced and they do not have any power. We need to develop ourselves, 15 days training is very limited, internships are not adequate.
72. Employers need to have a good training process in order to be engaged. They should be informed about work accident, occupational diseases, employee rights, employer rights and legal status.
73. There should be no money exchange between the Employer and Common Health and Safety Units; there should be direct government contribution. By this, any missing points can be much easily notified to the Ministry and the employees will not be employed until such defects are fixed. We can fulfil our job

by using our authority to stop the work. And they will take us seriously. Everyone should not be able to open up a Common Health and Safety unit. When these institutions are visited for approval, they should focus on whether they are competent with the work or not instead of controlling the area.

09.12.2016

74. Considering the fact that the number of businesses served only for obligation and due to monetary penalties; the control mechanism should be increased and award and incentive system should be applied instead of punishment. Specialists and doctors should receive salaries from the ministry-affiliated system, not the employer. And, people without the sufficient knowledge or experience should be prevented to open up a common Health and Safety unit.
75. First of all, Employers should stop employing uninsured employees. They should believe in the necessity of providing health and safety training and to spend time and money to conduct training and implementation timely. Employers must prioritize the collective preservation.
76. As the Gaziantep region, the employers must know the occupational safety culture. Employers must be brought together and their awareness should be increased. Trainings should be conducted that will help them stop considering the occupational safety as a cost; that they should learn about work accidents and occupational diseases and that even the machinery equipment should not be damaged.
77. Nothing can be fixed as long as occupational safety specialists receive their salaries from the Common Health and Safety units. In case of a work accident, the Ministry of Labour and Social Security puts the blame on occupational safety specialist. Ministry of Labour and Social Security should train the employer first.
78. Health personnel should be more effective. The workplace inspections should increase. The payments of Specialist, Doctor and Common Health and Safety Units should be made by government. Employers must have promotions for Occupational Safety. Number of Common Health and Safety units should be limited.
79. Health section must be separated. Government should pay the salaries. The hazard assignments should be done according to experience, not class.
80. Common health and safety units which are partnerships of hospitals should be shut down. Hospitals make the recruitment of all employees and they try to rob the government.
81. The Common health and safety units that do not comply with ethics and rules should be shut down. And the institutions that do this right should be supported. Ministry of National Education should be the sole authority in occupational training and occupational competency training. Employers must be financially supported in terms of occupational health and safety.
82. Establishment of a safety culture, appreciating the employees, abiding by legislation, and considering the subject of occupational health and safety as a necessity are some key points.
83. Service quality is very low due to lack of control and perhaps because of similar situations. Common Health and Safety Units usually offer very low prices to get the job and they follow several methods to decrease the cost. So, the service quality almost becomes zero. Bosses with a focus on profit consider this as a forced labour because of lack of Vision. Unless this work is not implemented by Government, a gap will be found by the bosses.
84. The salaries of Specialists and Doctors should be paid by Government. Employers must be informed about the occupational health and safety. Criminal sanctions should be increased. Occupational health and safety should be added to the school curriculum. Working hours of specialists and doctors working in Common Health and Safety Units should be controlled. Trying to dominate too many areas reduces service quality.
85. I am an occupational safety specialist, I kindly request that my knowledge be increased and my salary to be raised :)
86. Inspections should be more efficient for deterrence. Also, the employees should be classified and they should have occupational reputation.
87. Occupational health and safety services should be given by the occupational safety specialists affiliated with the Ministry of Labour and the occupational safety specialist should see that Government supports him/her. It is a part-time employment, Ministry should deposit the insurance and Government should pay the salary. Government should request the occupational safety cost from the Employer.
88. The culture of occupational health and safety is not fully developed in Turkey, but the increase in occupational health safety training will be more effective.
89. I think that occupational safety specialists should be employed by the Government.
90. To activate occupational health and safety studies and to promote occupational health and safety culture It is necessary to increase the inspections of Ministry that are not done adequately in the region and to apply the sanctions.
91. Increasing awareness of employers, increasing awareness of employees, Increasing the

sensitivity of employers to take precautions for employers to have full responsibility for occupational safety

09.12.2016

92. In order to increase the quality of occupational health and safety services provided throughout the country, it is necessary for the Government to operate the inspection mechanism properly and routinely. In these inspections, both the workplace and the Professionals who provide occupational health and safety services should be inspected. Occupational health and safety professionals should not be based on ABC classes but should be based on industry as sectors and should be directed to sectors that are suitable for undergraduate education and should be on sectoral basis in their education.
93. The control of foreign employees is under risk on a daily basis. We cannot even communicate whenever it is necessary, the occupational safety inspections are not as efficient as they should be in these regions.

WORKPLACE DOCTOR QUESTIONNAIRE DATA ANALYSIS

GENERAL INFORMATION

PURPOSE OF THE STUDY:

The purpose of this study is to statistically analyse and evaluate the questionnaire study on employers, one of the parties of Occupational Health and Safety implementations in Adiyaman, Kilis and Gaziantep provinces within the scope of THE PROJECT FOR IMPROVING THE QUALITY OF OCCUPATIONAL HEALTH AND SAFETY IMPLEMENTATION IN GAP REGION, which is conducted by GAP Regional Development Administration Regional Directorate of Ministry of Development, Turkey.

DETAILS OF THE STUDY:

Within the scope of the study, 31 Workplace Doctors were reached from the related provinces and the Workplace Doctor Questionnaire (Attached) was implemented with one-on-one visits.

EVALUATION METHODOLOGY:

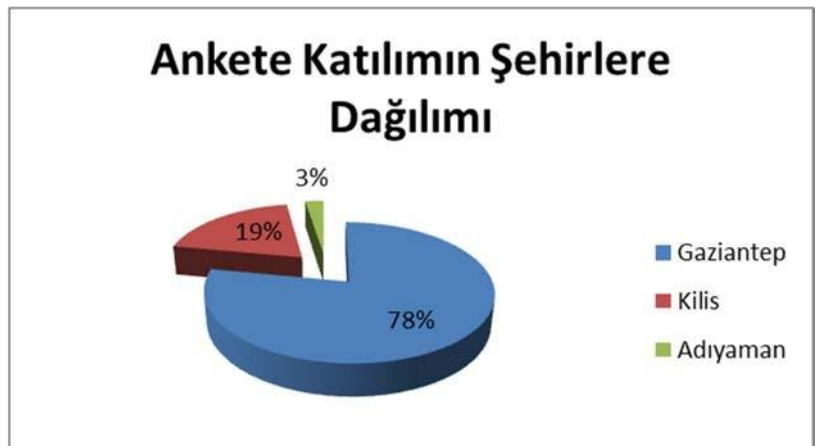
The questions were analysed using percentage ratios and weighted average techniques. The answers of each question in the questionnaires were entered into the computer environment and turned into a graph on MS Excel and graphics and the results were interpreted.

DETAILS OF THE ANALYSIS

The findings and analysis of each question in the questionnaire are as follows.

1. Province of Your Workplace

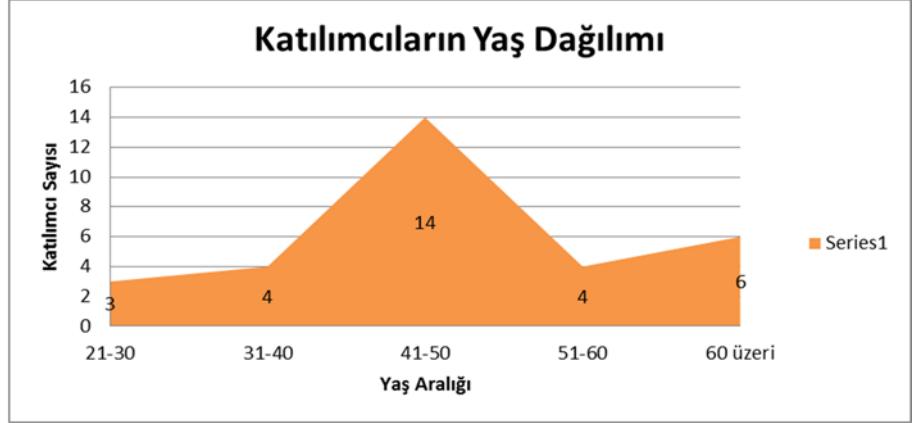
Name of the	Number of	Percentag
Gaziantep	24	77.42%
Kilis	6	19.35%
Adiyaman	1	2.50%



Description: According to the sample, the target mass amount was determined according to the cities and the workplace doctors were reached in this direction. The majority of the participation was 78%, Gaziantep province.

2. What is your Date of Birth?

Age Range	Number of	Percentage
21-30	3	9.68%
31-40	4	12.90%
41-50	14	45.16%
51-60	4	12.90%
Above 60	6	19.35%
Min		27
Max		70



Description: It has been observed that the participants were middle age workplace doctors, with an age range between 27 and 70.

3. What is your Gender?

Gender	Number of	Percentag
Female	3	9.68%
Male	28	90.32%



Description: It has been observed that 90 % of the participants were male, and 10 % were female workplace doctors.

4. Have you participated in Workplace Doctor Training?

	Number of	Percentag
Yes	31	100.00%
No	0	0.00%



Description: All of the participating workplace doctors reported that they had received training.

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

	Number of	Percenta
Yes	14	35.00%
No	4	10.00%
Partially	13	32.50%



Description: 66 % of the Workplace Doctors think that the training they received was useful in fulfilling their duties.

6. If your answer is No, which of the following are the main reasons for the inadequacy of training?

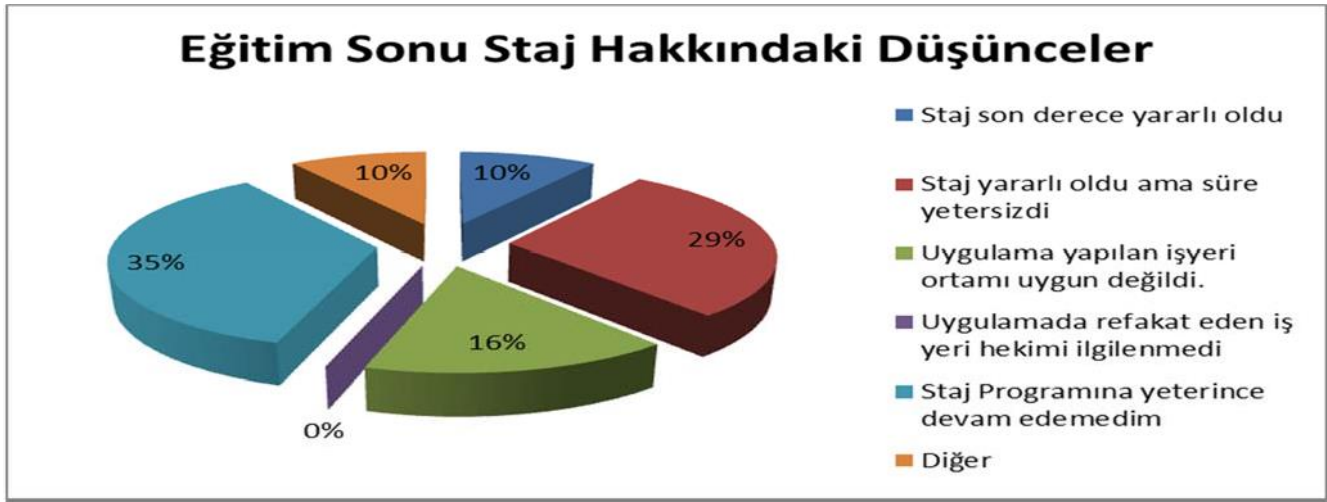
	Number of	Percenta
Trainers	2	10.00%
Materials Used in Trainings	2	10.00%
Training Method	10	50.00%
Content of Training	5	25.00%
Other	1	5.00%



Description: According to Workplace Doctors, the training method is largely effective on the inadequacy of training they have received.

7. Which of the following is the most appropriate for your status in regards to internship within the scope of training?

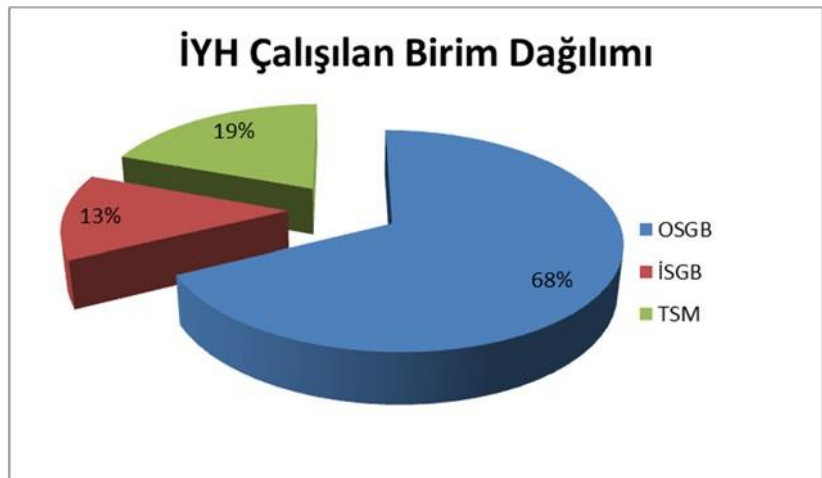
	Number of Answers	Percentage %
Internship was extremely useful	3	9.68%
Internship was useful but inadequate	9	29.03%
The workplace environment where the application	5	16.13%
The accompanying workplace doctor was not	0	0.00%
I could not keep up with the internship program	11	35.48%
Other	3	9.68%



Description: A large number of workplace doctors stated that they could not continue their post-training internship program.

8. Which of the following unit do you work at as a Workplace Doctor?

	Number of	Percentag
OSGB	21	67.74%
ISGB	4	12.90%
TSM	6	19.35%



Description: 68% of the workplace doctors in the TRC 1 Region are employed on the Common Health and Safety Units.

9. Which of the following is your employment type?

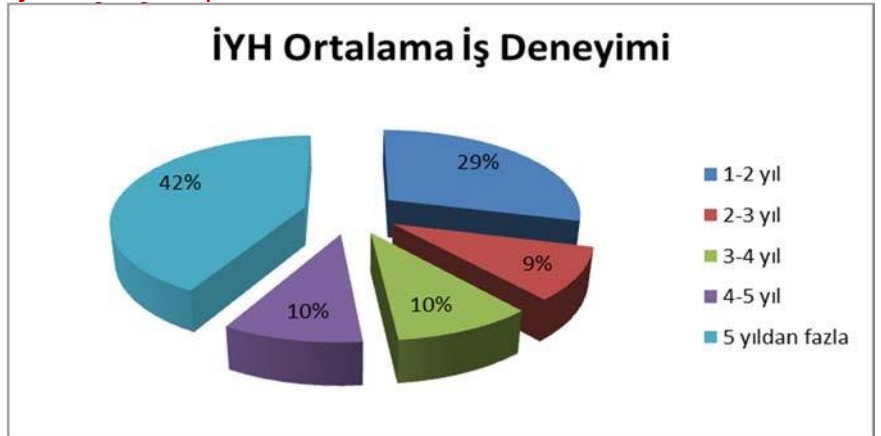
	Number of	Percentage
Full Time	20	64.52%
Part Time	11	35.48%



Description: 65 % of the workplace doctors in TRC 1 region work as full-time.

10. How long have you been employed as a Workplace Doctor?

	Number of	Percentage
1-2 years	9	11.69%
2-3 years	3	3.90%
3-4 years	3	3.90%
4-5 years	3	3.90%
More than 5	13	16.88%



Description: It was observed that majority of the participants were workplace doctors with experience of 5 years or more.

11. Which business are you working at?

	Number of	Percentage
Textile	19	23.46%
Machinery	13	16.05%
Construction	16	19.75%
Food	10	12.35%
Mining	5	6.17%
Plastic and Rubber	10	12.35%
Other	8	9.88%



Description: It has been observed that the vast majority of the workplace doctors participating in the study serve in the Textile and Construction sectors.

12. What is the hazard class of the workplace you serve in?

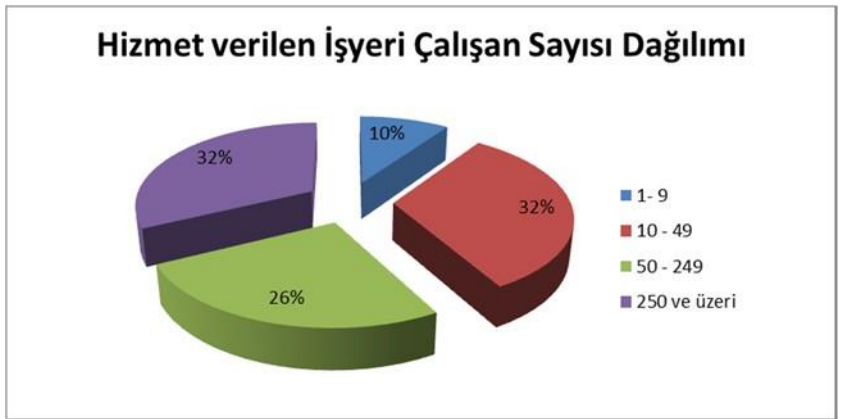
	Number of	Percentage
Minor Hazard	18	30.00%
Hazardous	25	41.67%
Major Hazard	17	28.33%



Description: In the TRC 1 region, workplaces where workplace physicians serve were found to be hazardous by 42%, minor hazard by 30% and major hazard by 28%.

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

	Number of	Percentage
1 - 9	3	9.68%
10 - 49	10	32.26%
50 - 249	8	25.81%
250 and above	10	32.26%



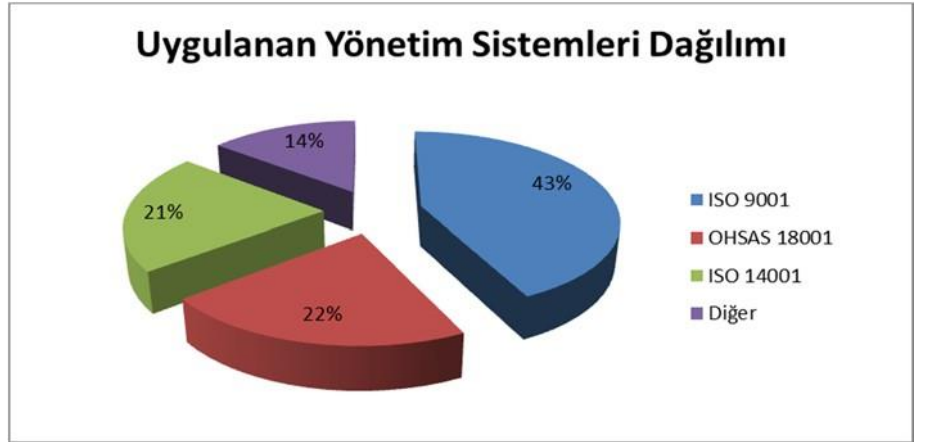
Description: Workplace doctors in the region mostly serve to workplaces with 10 to 49 people or 250 or more workers.

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

	Number of	Percentage
Not Applied	20	64.52%
Applied	11	35.48%



	Number of	Percenta
ISO 9001	6	42.86%
OHSAS 18001	3	21.43%
ISO 14001	3	21.43%
Other	2	14.29%



Description: 65% of the workplaces where the workplace doctors working in the region do not apply the Management System Standard. In the 35 % where it is applied, ISO 9001 Quality Management System Standard is the one with 43 % of use.

15. Is there and evaluation of your performance periodically at your workplace / OSGB and are the results shared with you?

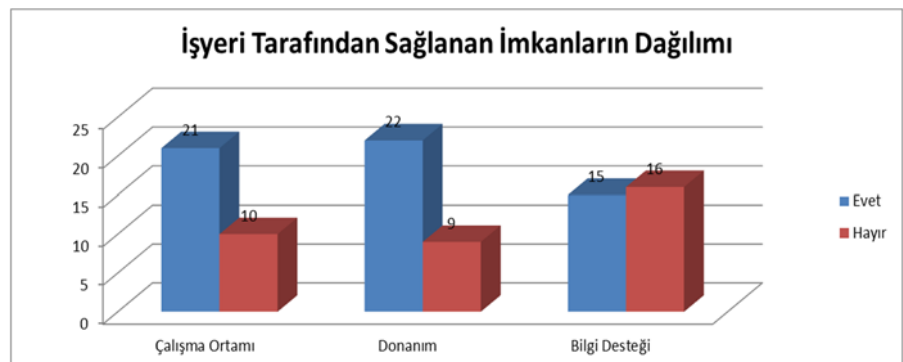
	Number of	Percenta
Yes	14	45.16%
No	11	35.48%
I Don't Know	6	19.35%



Description: 55% of the workplace doctors stated that their performances were evaluated in the workplace and that their results were shared with them.

16. Does your workplace / OSGB provide adequate facilities for the realization of OHS service?

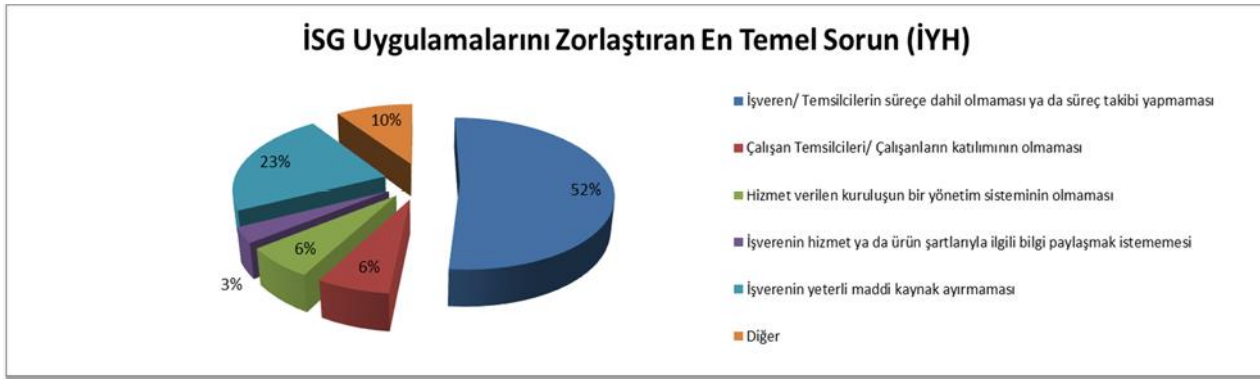
	Yes	No
Working	21	10
Hardware	22	9
Information	15	16



Description: Workplace doctors in the region mostly face the problem of not receiving the information support from their workplaces.

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

	Number of	Percentage %
Employer / Representatives not involved in the process or not following the	16	51.61%
Employee Representatives / Employees do not participate	2	6.45%
The organization to which services are provided does not have a management	2	6.45%
Employer does not want to share information about service or product terms	1	3.23%
The employer does not allocate sufficient funds	7	22.58%
Other	3	9.68%



Description: According to the workplace doctors in the region, 52% of the most basic problems that complicate OHS practices is the fact that Employers / Representatives are not included in the process or do not follow up the process.

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

	Number of	Percentage
Sensitive	3	9.68%
Partially	14	45.16%
Not Sensitive	14	45.16%



Description: According to Workplace Doctors in the region, 10% of employers are sensitive about OHS; 45% are partially sensitive, and 45% are insensitive.

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

	Number of	Percentag
Sensitive	5	16.13%
Partially	15	48.39%
Not Sensitive	11	35.48%



Description: 16% of the employees who work in the region are sensitive to OHS, 48% are partially sensitive and 36% are insensitive.

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

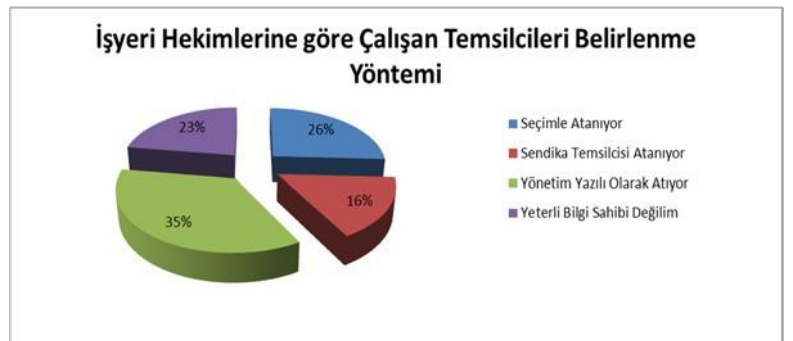
	Number of	Percenta
Yes	8	25.81%
No	11	35.48%
Partially	12	38.71%



Description: At the workplaces where workplace doctor services are provided in the region; OHS Boards are active among 25 % and partially active among 39 %.

21. Which methods are used to determine employee representatives?

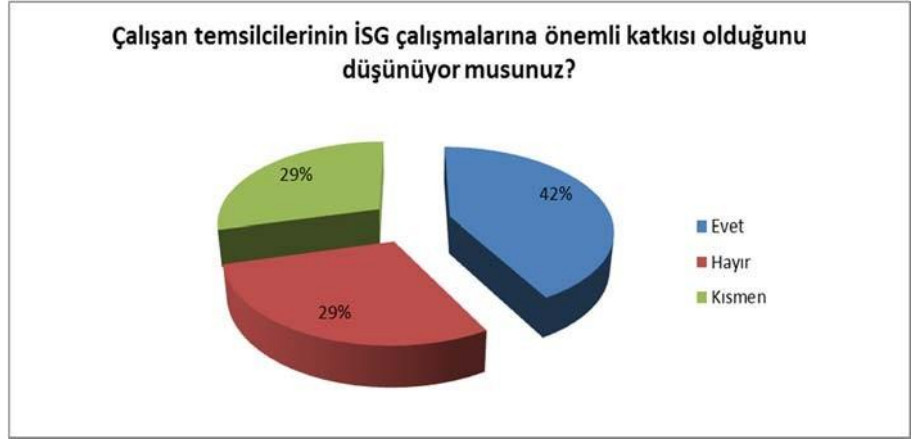
	Number of	Percenta
They are appointed by	8	25.81%
A Union Representative is	5	16.13%
The Management Appoints by	11	35.48%
I Do Not Have Adequate	7	22.58%



Description: The majority of the workplace doctors serving in the region stated that the representatives working in the workplaces were appointed by the management in writing.

22. Do you think employee representatives are significant contributors to OHS activities?

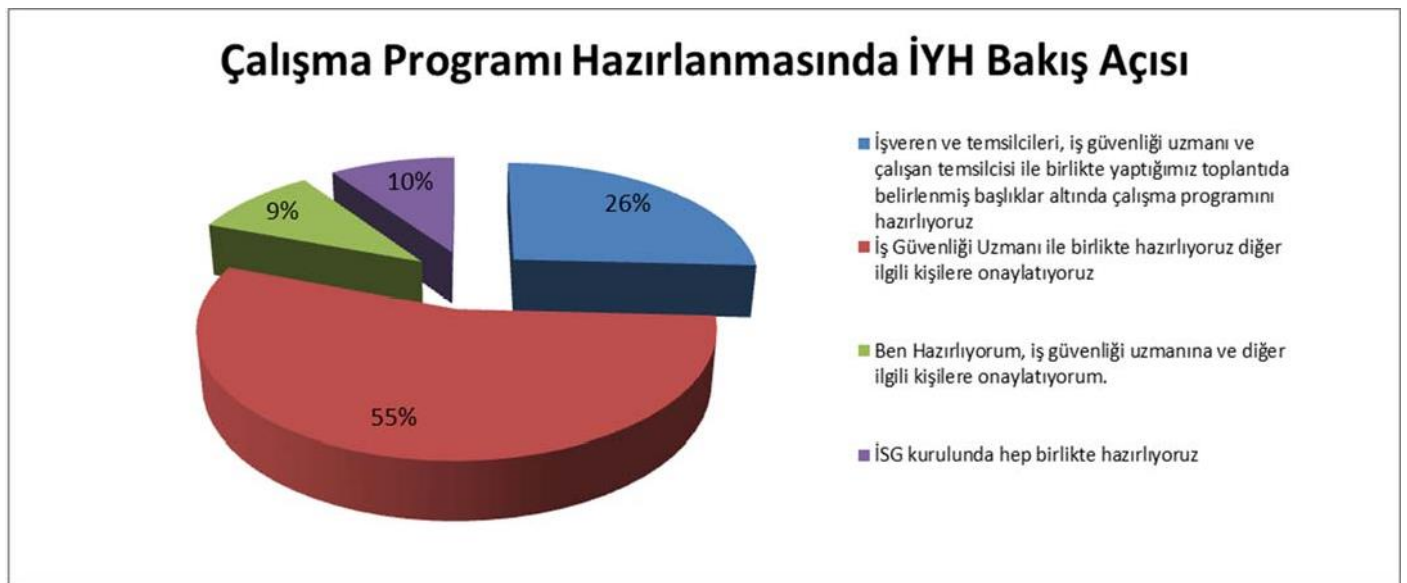
	Number of	Percentage
Yes	13	41.94%
No	9	29.03%
Partially	9	29.03%



Description: Majority of workplace doctors serving in the region think that employee representatives are a significant contributor to OHS work.

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

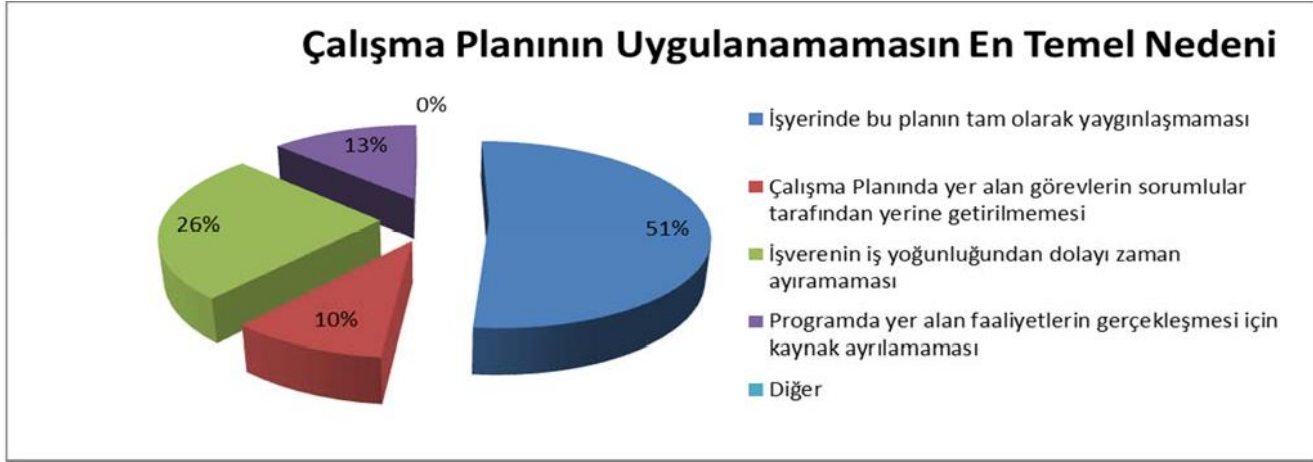
	Number of	Percentage
We prepare a work plan under the headings specified in the meeting with the employer and its representatives, the occupational safety specialist and the employee representative	8	25.81%
We prepare it together with Occupational Safety Specialist and get it approved by other relevant	17	54.84%
I prepare it and get it approved by Occupational Safety Specialist and other relevant people.	3	9.68%
We prepare together at the OHS board.	3	9.68%



Description: 55 % of the workplace doctors have said that they work together with occupational safety specialist for the preparation of working program on Occupational Health and Safety and then they get it approved by relevant people.

24. What do you think is the most important reason for Occupational Health and Safety plans to fail?

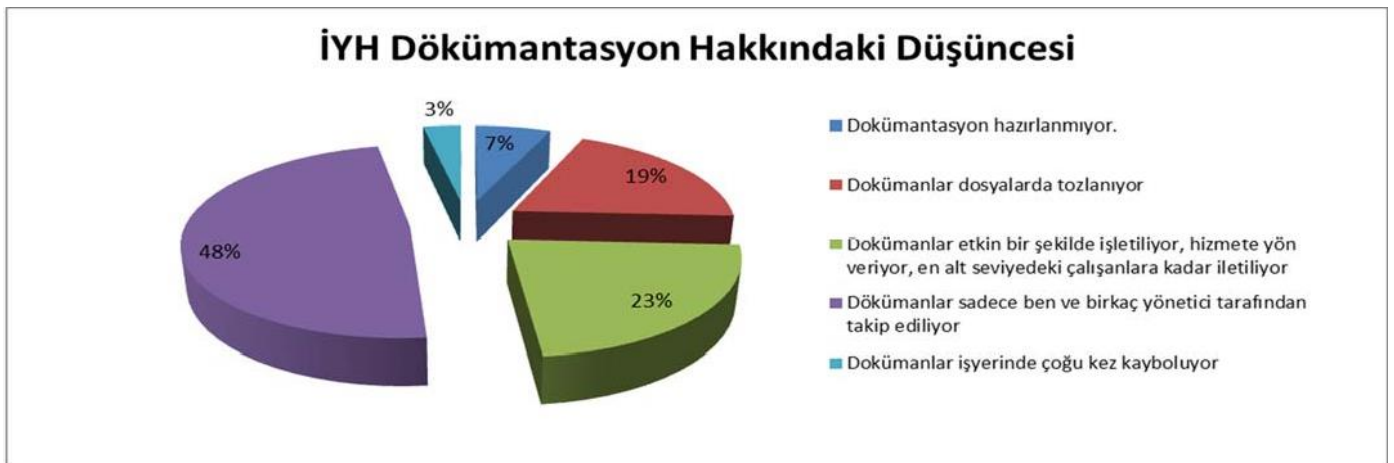
	Number of	Percentage %
This plan is not fully widespread in the workplace	16	51.61%
Duties in the Work Plan are not fulfilled by the responsible persons	3	9.68%
The employer cannot allocate time because of the workload	8	25.81%
Failure to allocate resources for the realization of the activities in the program	4	12.90%
Other	0	0.00%



Description: According to workplace doctors working in the region, the basic reason for non-implementation the annual work plan for occupational health and safety is the inadequate dissemination of it in the workplace.

25. Specify your nearest idea about the documentation (Instructions, Record, Instruction, Plan, Procedure) to be prepared in the context of occupational health and safety

	Number of	Percentage
No documentation is prepared.	2	6.45%
The documents get dusty in files	6	19.35%
Documents are actively managed, service-oriented, communicated to the lowest level of employees	7	22.58%
The documents are only monitored by me and a number of managers	15	48.39%
Documents often disappear in the workplace	1	3.23%



Description: According to Workplace Doctors, the documents are only followed by experts and a few managers with a rate of 48 %. For 19 %, the documents get dusty in files.

26. Do you participate in Risk Assessment studies?

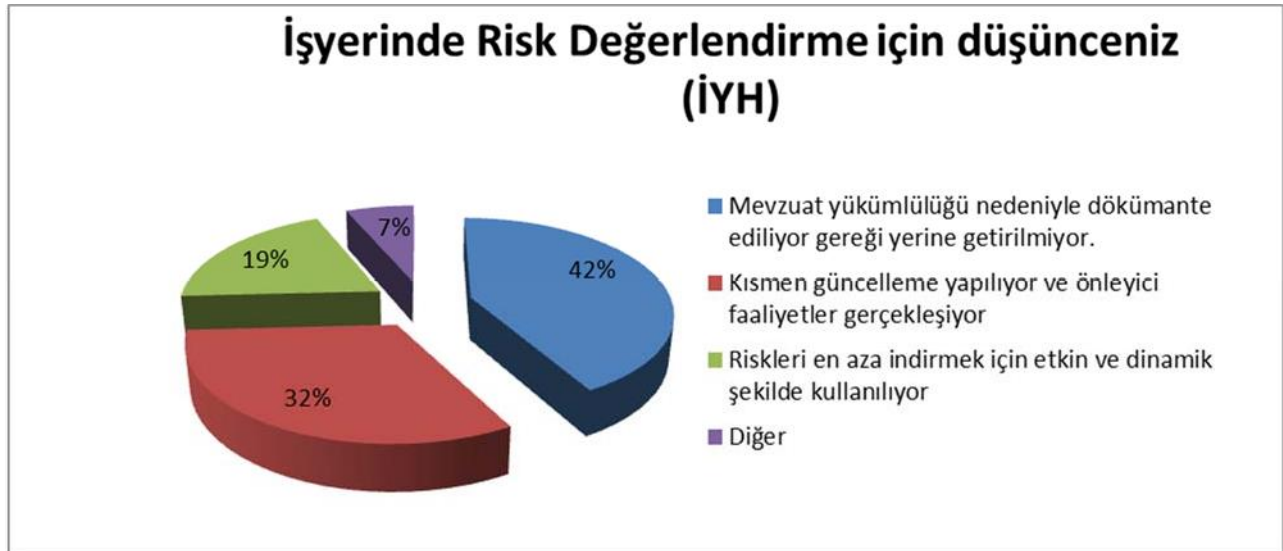
	Number of	Percentage
Yes	17	54.84%
No	7	22.58%
Partially	7	22.58%



Description: 55 % of the Workplace Doctors participate in risk assessment studies.

27. Check the closest option for you in the Risk Assessment performed at your workplace

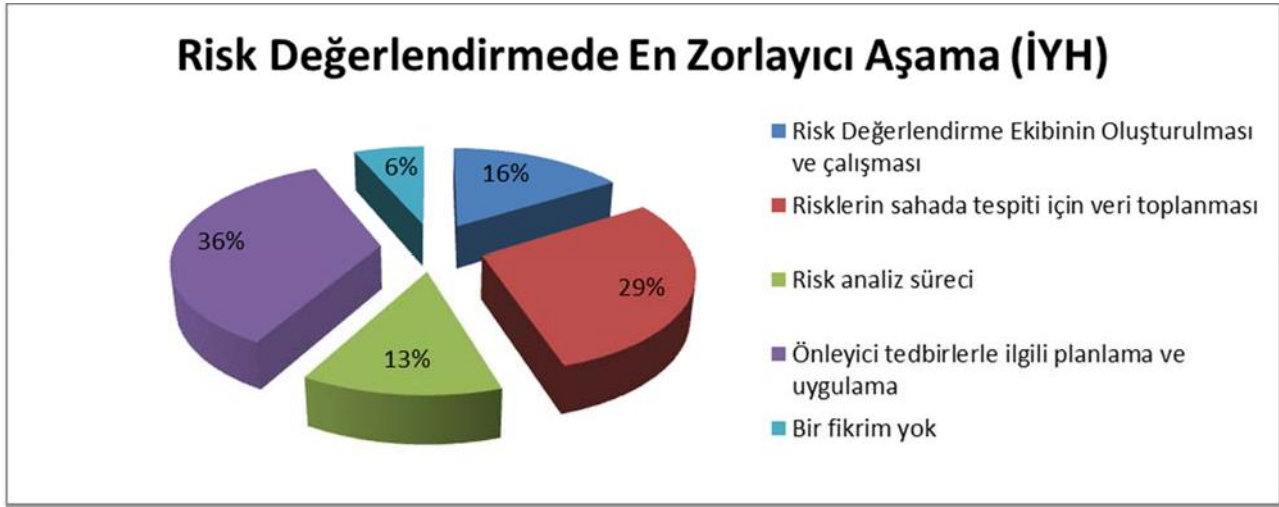
	Number of	Percentage
It is documented due to legislation, but it is not implemented.	13	41.94%
Partially updated and preventive actions take place	10	32.26%
Used effectively and dynamically to minimize risks	6	19.35%
Other	2	6.45%



Description: According to 42 % of the Workplace Doctors, the Risk Assessment Activities at the workplace did not fulfil the requirement, and they were just documented due to the legislative obligation.

28. Which is the most challenging stage in Risk Assessment phase?

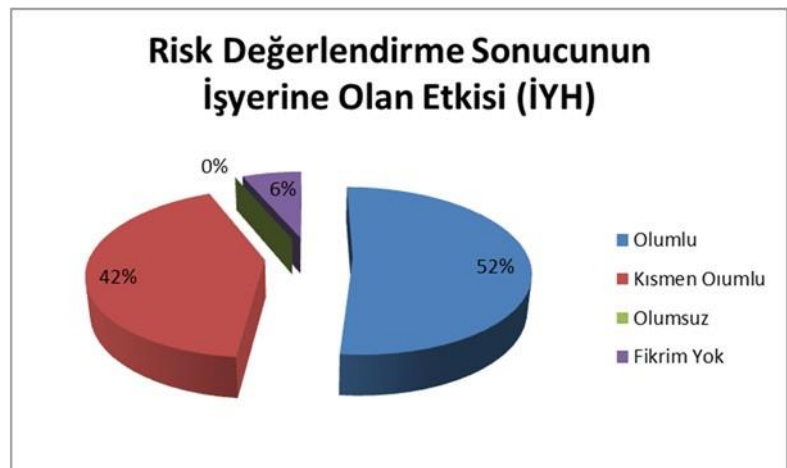
	Number of	Percentage %
Creation and operation of Risk Assessment Team	5	16.13%
Data gathering for on-site determination of risks	9	29.03%
Risk analysis process	4	12.90%
Planning and implementation of preventive measures	11	35.48%
I have no idea	2	6.45%



Description: The most challenging step of risk assessment according to workplace doctors is the realization of planning and implementation activities for preventive measures.

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?

	Number of	Percentag
Positive	16	51.61%
Partially Positive	13	41.94%
Negative	0	0.00%
I have No Idea	2	6.45%



Description: Workplace Doctors believe that the results of Risk Assessment in their workplaces have a positive effect on improving OHS conditions.

30. Are the opinions of employees received about the measures taken?

	Number of	Percentage
Yes	11	35.48%
No	2	6.45%
Partially	18	58.06%



Description: Workplace Doctors have expressed that the opinion of the employees is mostly received about the measures taken after the Risk Assessment in their workplaces.

31. Are the employees informed about the measures taken?

	Number of	Percentage
Yes	11	27.50%
No	2	5.00%
Partially	18	45.00%



Description: Workplace Doctors have expressed that the employees are mostly informed about the measures taken after the Risk Assessment in their workplaces.

32. Which option below best describes your status about participating within the process in case of a work accident at the workplace you serve?

	Number of	Percentage
The employer immediately informs me, and we review and evaluate it together with the Occupational Safety Specialist provides information, and we follow up and evaluate together	13	41.94%
Employees inform me, and we review and evaluate it together with the occupational safety	4	12.90%
I am informed about the work accident much later, and I follow up the health status of the person	3	9.68%
I am usually not informed	1	3.23%

İşyeri Hekimlerinin İş Kazası Süreçlerine Katılma Durumu

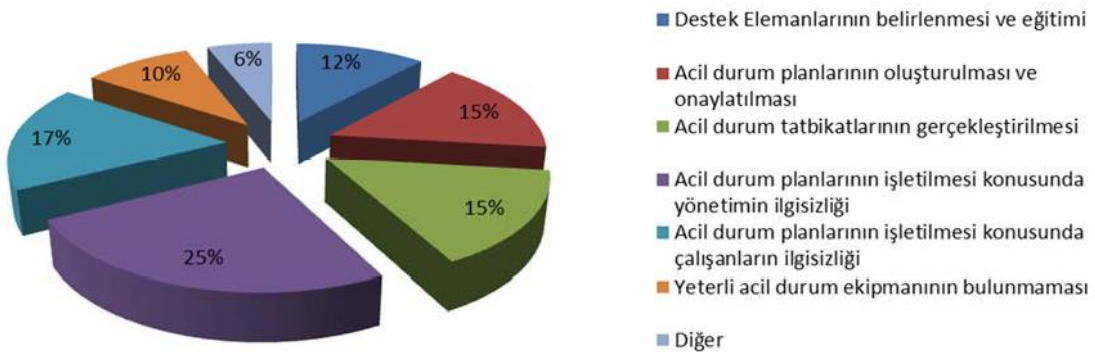


Description: 42 % of the Workplace Doctors are immediately informed by the employer in case of a work accident at the workplace they serve. 32 % are informed by the Occupational Safety Specialist.

33. Which challenging situations do you encounter in terms of emergency management at your workplace? (If you mark more than one option, rate the most important cause by giving 1 - , respectively.)

	Number of	Percentag
Identification and training of support staff	6	11.54%
Creation and approval of emergency plans	8	15.38%
Realization of emergency drills	8	15.38%
Management's lack of interest in running emergency plans	13	25.00%
Employees' lack of interest in running emergency plans	9	17.31%
Inadequate emergency equipment	5	9.62%
Other	3	5.77%

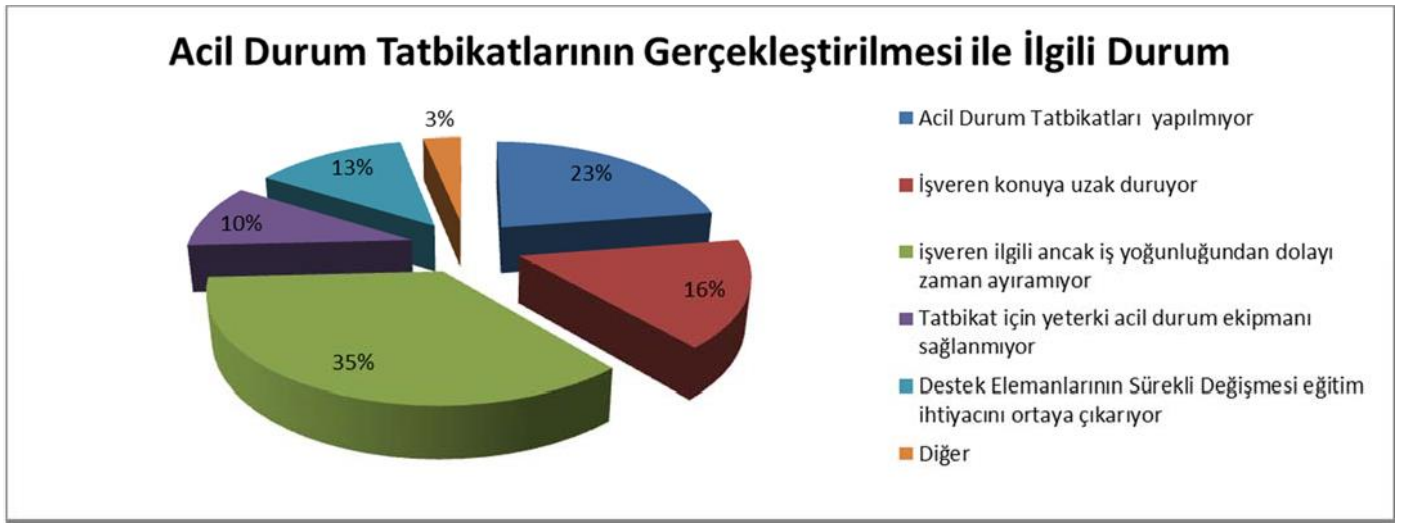
İYH Acil Durumlarda Karşılaşılan Zorlayıcı Durumlar



Description: The most compelling factor for emergency situations in workplaces where Workplace Doctors serve is designated as the Lack of Interest of Management of Emergency Plans.

34. Which of the following is true about the realization of Emergency drills?

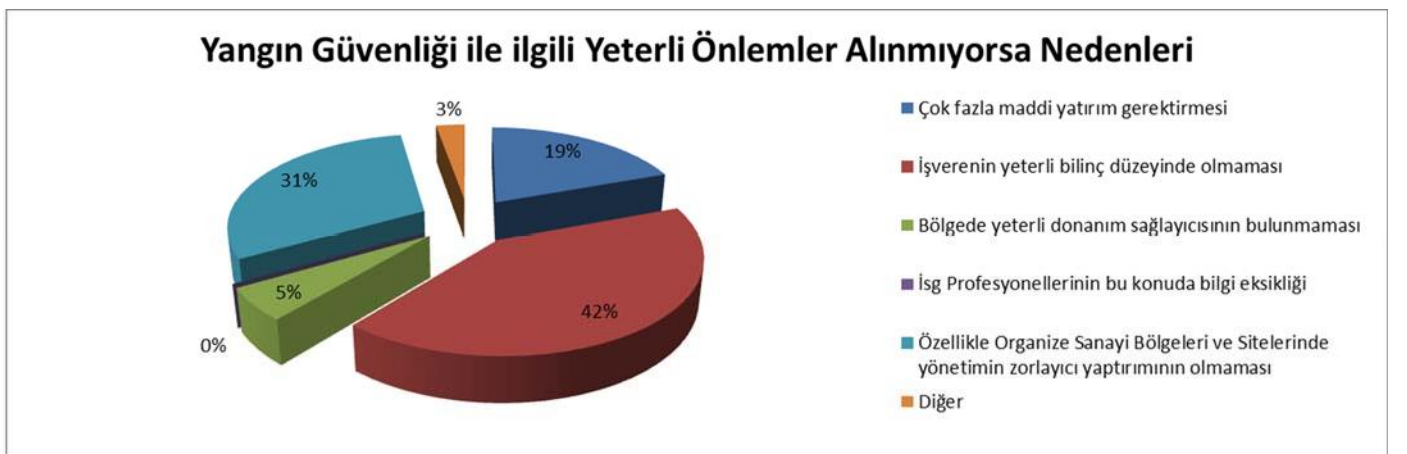
	Number of	Percentage %
Emergency drills are not realized	7	22.58%
Employer is not interested	5	16.13%
The employer is interested but cannot spend time on it because of the intense work	11	35.48%
The emergency equipment necessary for drill is not supplied	3	9.68%
Constant change of support staff causes the emergence of training needs	4	12.90%
Other	1	3.23%



Description: According to the Workplace Doctors; the employers are generally interested in emergency drills; however, they cannot spend time on it due to intense work.

35. If there are no adequate precautions taken for fire safety in the workplace; what are the reason(s)?

	Number of	Percentage %
Requires too much material investment	7	19.44%
Insufficient awareness of employer	15	41.67%
Inadequate hardware vendor in the region	2	5.56%
Lack of information by OHS Professionals on this issue	0	0.00%
In particular, there is no compulsory sanction of management in Organized Industrial Zones	11	30.56%
Other	1	2.78%



Description: According to Workplace Doctors; if no adequate precautions taken for fire safety in the workplace, the main reason of this is the insufficient awareness of employer. According to Workplace Doctors; lack of compulsory sanction of management in Organized Industrial Zones and Sites is the main factor of this.

36. What course is being followed in preparing the training plan at the workplaces you serve?

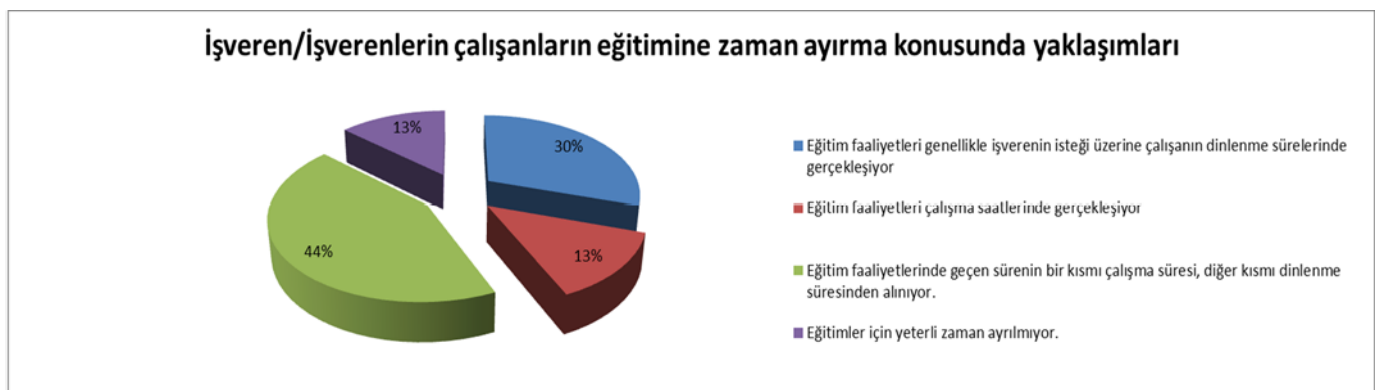
	Number of	Percenta
We prepare it with Occupational Safety Specialist by taking the opinions of Employee Representative, employer/ employee Representative and related units.	6	20.00%
We prepare it together with Occupational Safety Specialist and get it approved by other relevant	19	63.33%
I prepare it and get it approved by Occupational Safety Specialist and other relevant people.	1	3.33%
We are all working together in the OHS Board, then we send it to employer for approval.	4	13.33%



Description: Workplace Doctors have said that they mostly prepare the work plan together with Occupational Safety Specialist and get it approved by other relevant people

37. What is the situation you are dealing with about the approach of Employer(s) in allocating time to the training of employees?

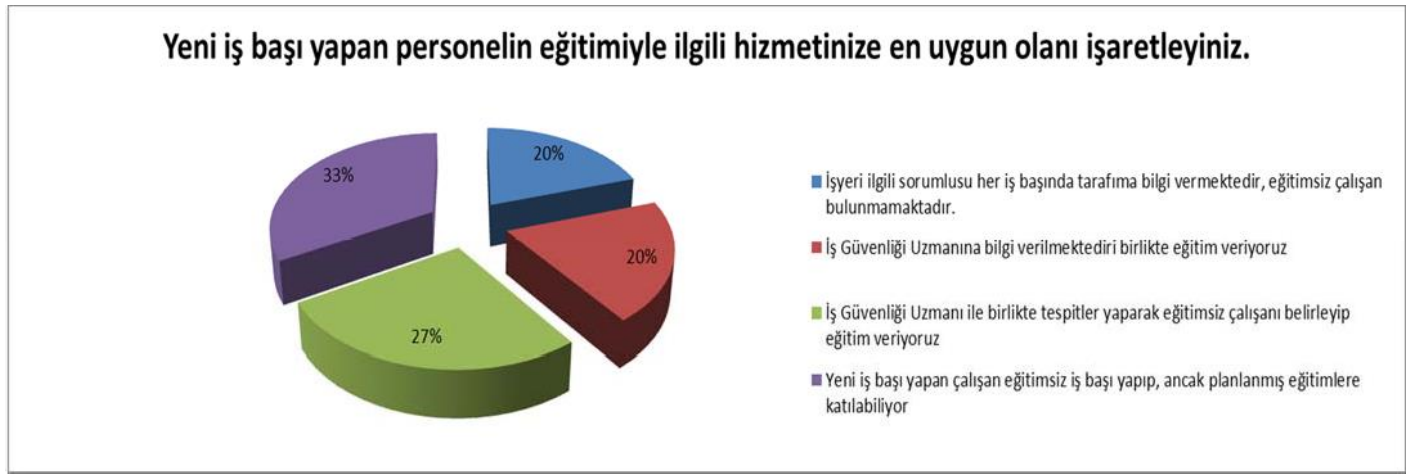
	Number of	Percentage
Training activities usually take place at the employer's request during employee's rest periods	9	30.00%
Training activities take place during working hours	4	13.33%
Part of the training is made during the working hour, and some is made during the rest time.	13	43.33%
There is no sufficient time for trainings.	4	13.33%



Description: Workplace Doctors have stated that employees' occupational health and safety training often takes place during their working hours and sometimes by separating between the working hours and rest time.

38. Mark the most relevant option for the training provided to new recruits at your workplace.

	Number of	Percentage
The responsible person in charge of the workplace provides me information about the new recruits	6	20.00%
Occupational Safety Specialist is informed and we provide training together	6	20.00%
We work with the Occupational Safety Specialist to identify and train uneducated employees	8	26.67%
New recruit begins to work without any training and he/she can participate in planned trainings	10	33.33%



Description: According to Workplace Doctors, the employees mostly participate in planned trainings after they begin working and involve in training processes.

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

	Number of	Percentag
Yes	15	50 %
No	15	50 %



Description: According to Workplace Doctors, 50% of the employers are providing appropriate tools, equipment and space for the training of the employees.

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

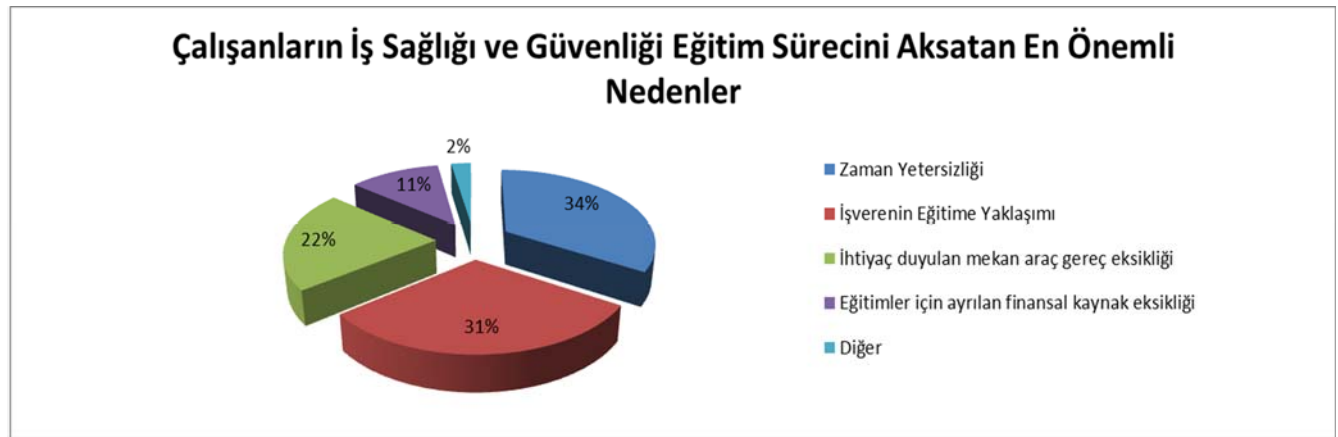
	Number of	Percentage
Yes	18	60.00%
No	12	40.00%



Description: According to 60 % of Workplace Doctors, OHS Trainings are evaluated and analysed.

41. What is/are the most important reason(s) that disrupts the employee health and safety training process?

	1	2	3	4	5	Weighted Average Score	Percentage %
Lack of Time	12	7	2	0	0	18.8	33.81%
Approach of Employer to Training	11	6	2	0	0	17	30.58%
Lack of space and equipment needed	4	6	4	2	0	12	21.58%
Lack of financial resources allocated for	1	1	3	7	0	6.4	11.51%
Other	1	0	0	0	2	1.4	2.52%



Description: According to Workplace Doctors, lack of time and the approach of employer to the training are the most important two factors disrupting the occupational health and safety training of employees.

42. Do you think the knowledge on legislation of the employers you serve is sufficient?

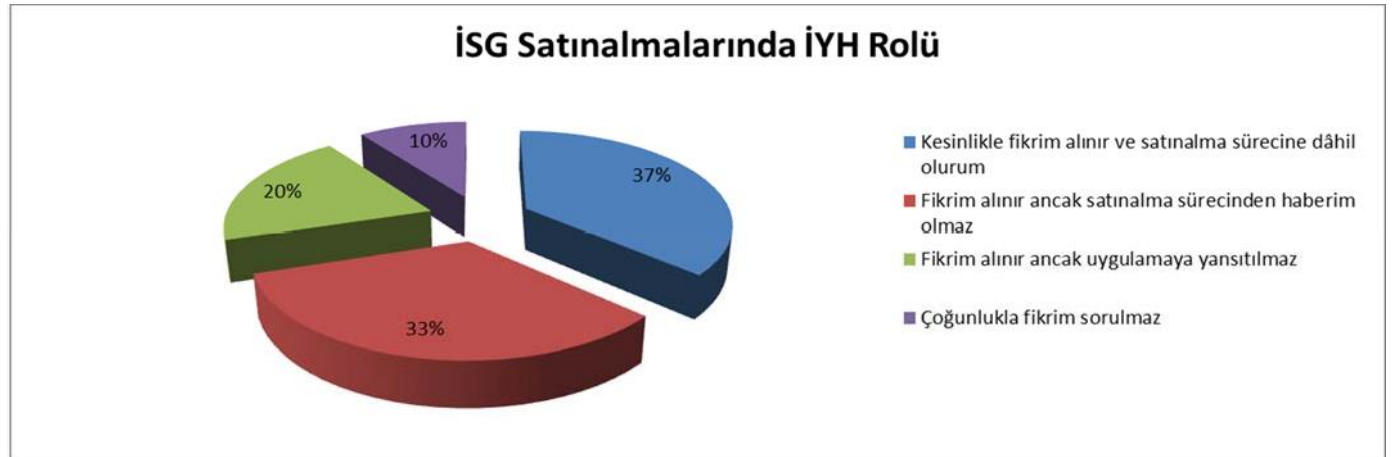
	Number of	Percentag
Yes	3	10.00%
No	18	60.00%
Partially	9	30.00%



Description: According to Workplace Doctors, at least 75% of employers need training in legislation.

43. Which is the employer's approach in terms of support services and product purchases (PPE, laboratory service, emergency equipment, etc.) needed for occupational health and safety in your workplaces?

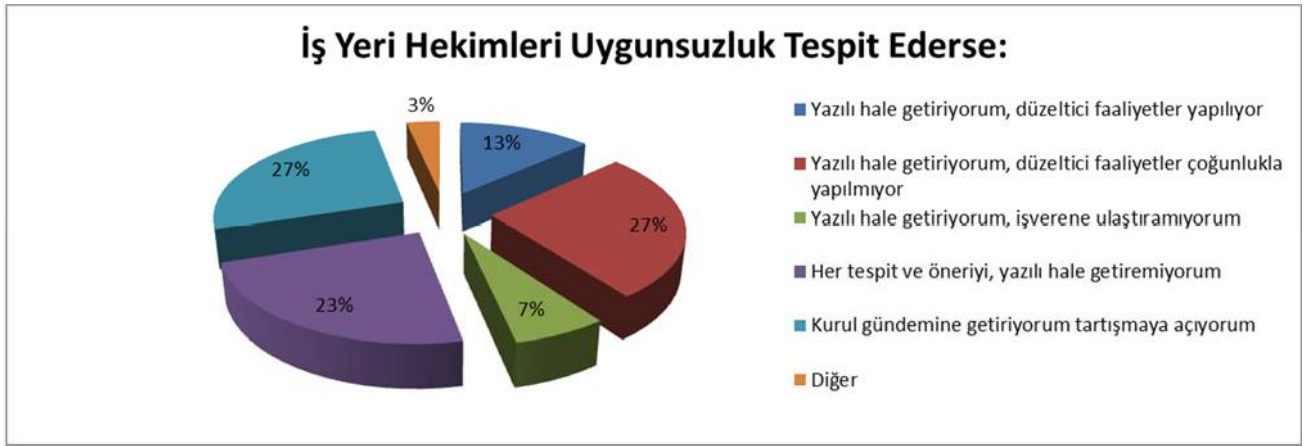
	Number of Answers	Percentage %
My opinion is asked and I am included to the purchase process	11	36.67%
My opinion is asked but I am not informed about the purchase process	10	33.33%
My opinion is asked but not put into practice	6	20.00%
Mostly my opinion is not asked	3	10.00%



Description: Workplace Doctors stated that in the majority of workplaces they serve, employers ask for their opinion before any purchase is made. Although the employer asks about the opinions, only a small part of them are put into practice.

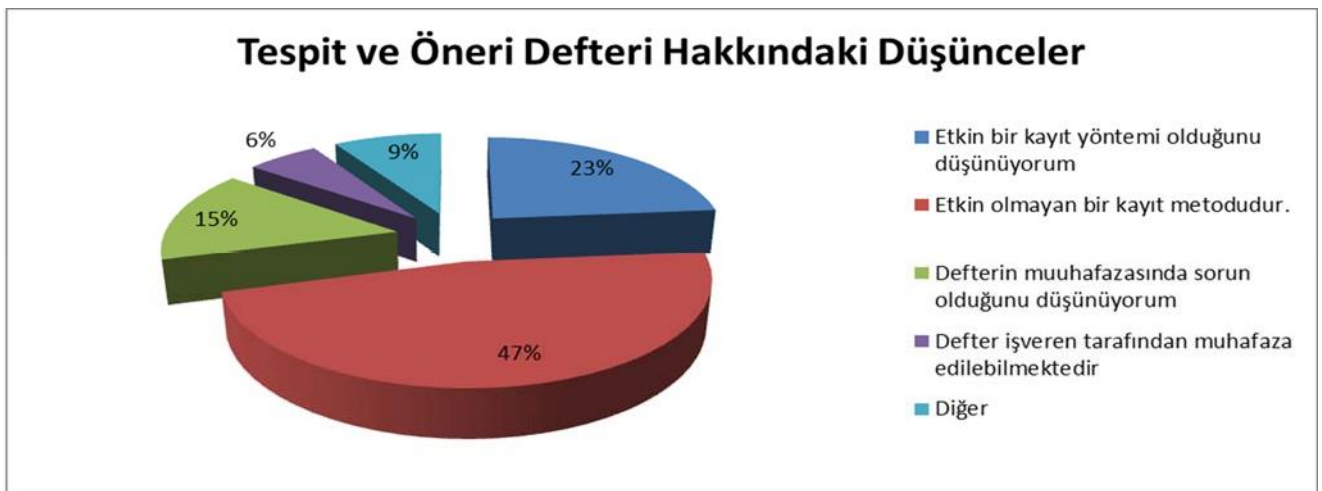
44. Mark the closest option related with the approach of employer to your suggestions about the inappropriate cases with OHS at the workplace(s).

	Number of Answers	Percentage %
I write them down, and corrective actions are taken	4	13.33%
I write them down, and corrective actions are mostly not taken	8	26.67%
I write them down, they do not reach to employer.	2	6.67%
I cannot write down each determination and suggestion.	7	23.33%
I bring them to the agenda of Board for discussion	8	26.67%
Other	1	3.33%



45. What do you think about your identification and suggestion book?

	Number of Answers	Percentage %
I think it's an effective recording method	8	23.53%
It is an ineffective recording method.	16	47.06%
I think that there is a problem about the preservation of book	5	14.71%
The book can be preserved by the employer	2	5.88%
Other	3	8.82%



Description: 47 % of the Workplace Doctors believe that the identification and suggestion book is an ineffective recording method.

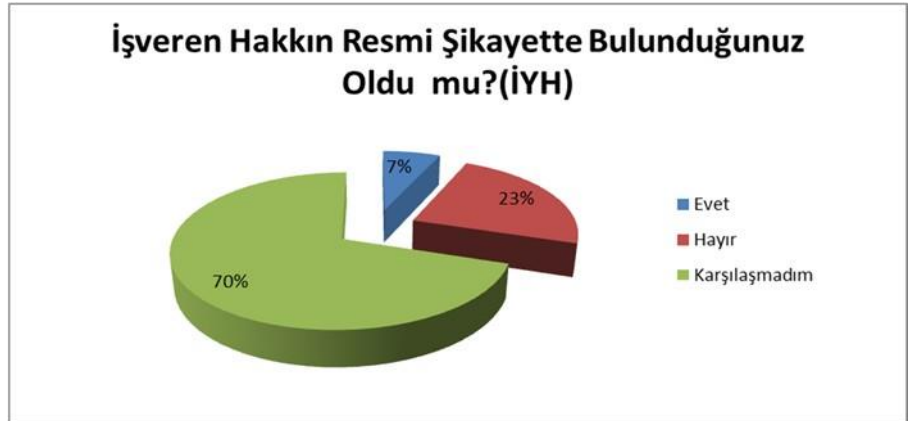
46. Can you stop work at the workplace where an emergency action needs to take place?

	Number of	Percenta
Yes	3	10.00%
No	12	40.00%
I Did Not Face	15	50.00%



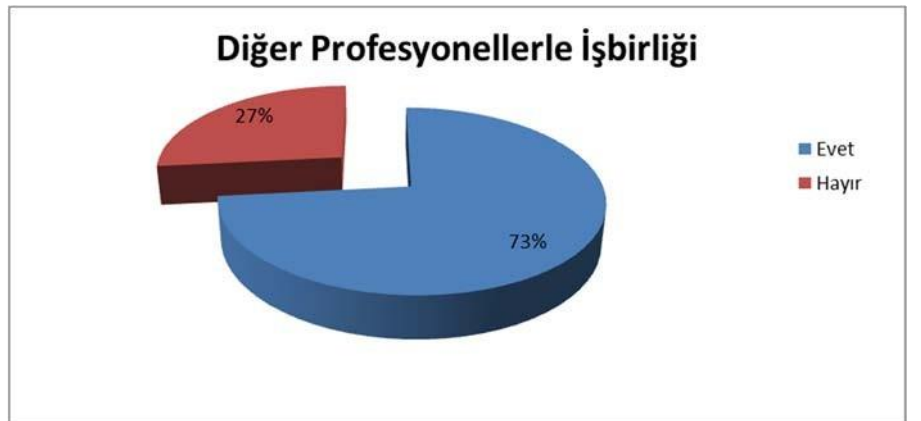
47. Did you make any formal complaints about the services you have provided up to now in which the employer continued to work without removing the life-threatening situation?

	Number of	Percenta
Yes	2	6.67%
No	7	23.33%
I Did Not Face	21	70.00%



48. Can you collaborate effectively with other OHS Professionals (occupational safety specialist, Health Personnel, another specialist) you are working together?

	Number of	Percenta
Yes	22	73.33%
No	8	26.67%



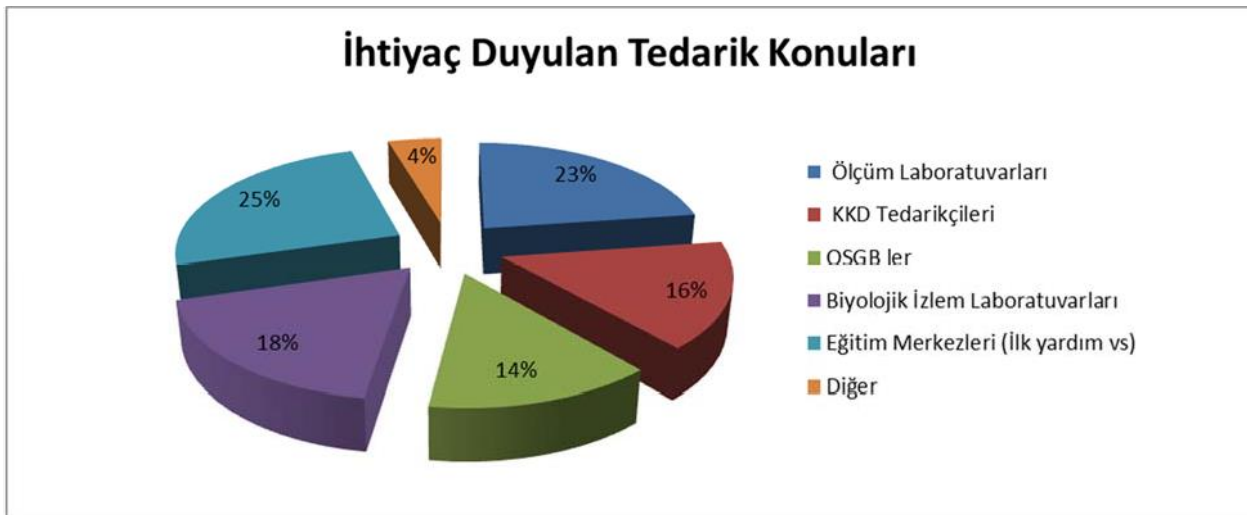
49. Within the scope of working environment surveillance and health inspection, which of the following best describes your situation?

	Number of	Percentage %
We exchange information and data with the occupational safety specialist	12	40.00%
Both I and occupational safety specialist are engaged in our own work and we consult	16	53.33%
If necessary, we come together on the basis of document.	1	3.33%
We have a very poor communication.	1	3.33%
Other	0	0.00%



50. Which of the following are needed in terms of service or product providers in the area of Occupational Health and Safety?

	Number of	Percentage %
Measuring Laboratories	10	22.73%
PPE Suppliers	7	15.91%
OSGB	6	13.64%
Biological Monitoring Laboratories	8	18.18%
Training Centres (First Aid etc.)	11	25.00%
Other	2	4.55%



Description: According to the workplace doctors, the Training Centres and Measurement Laboratories are most needed in TRC 1 region.

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

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

	Number of	Percentag
Yes	17	56.67%
No	6	20.00%
Partially	7	23.33%



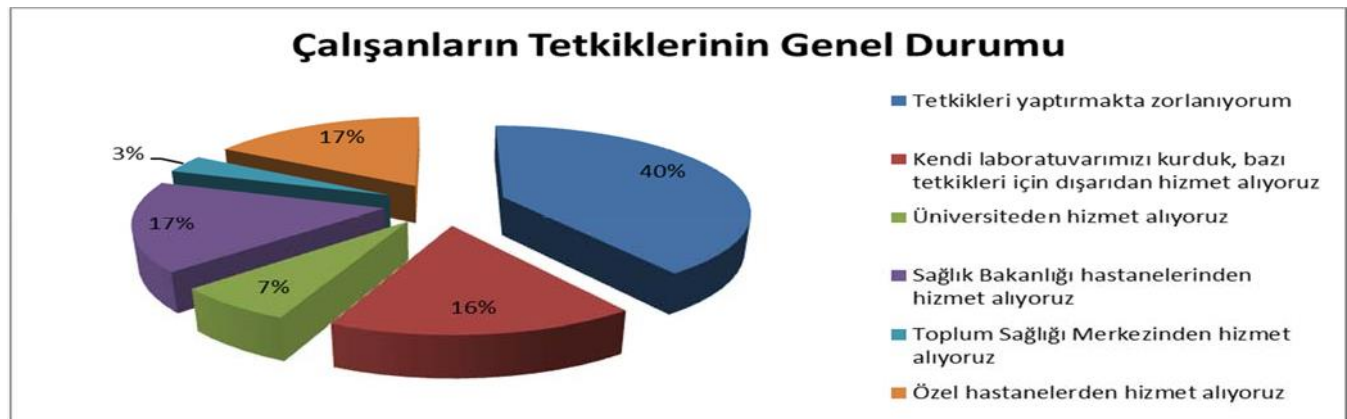
	Number of Answers	Percentage %
Employer does not provide the necessary support	1	7.69%
Employees resist	1	7.69%
We cannot exchange sufficient information with the occupational safety	1	7.69%
I think that I am not competent to know which tests I will ask for	4	30.77%
I think that my working time is not enough	4	30.77%
Other	2	15.38%

Description: According to workplace doctors, recruitment and periodic examination reports of employees in TRC 1 region are arranged at about 70%.

Workplace doctors have stated that the main reasons of not arranging are their lack of information on the tests they need to ask and the insufficient time.

53. Which of the following is the most appropriate for your situation within the scope of tests to be conducted for the health inspection of employees?

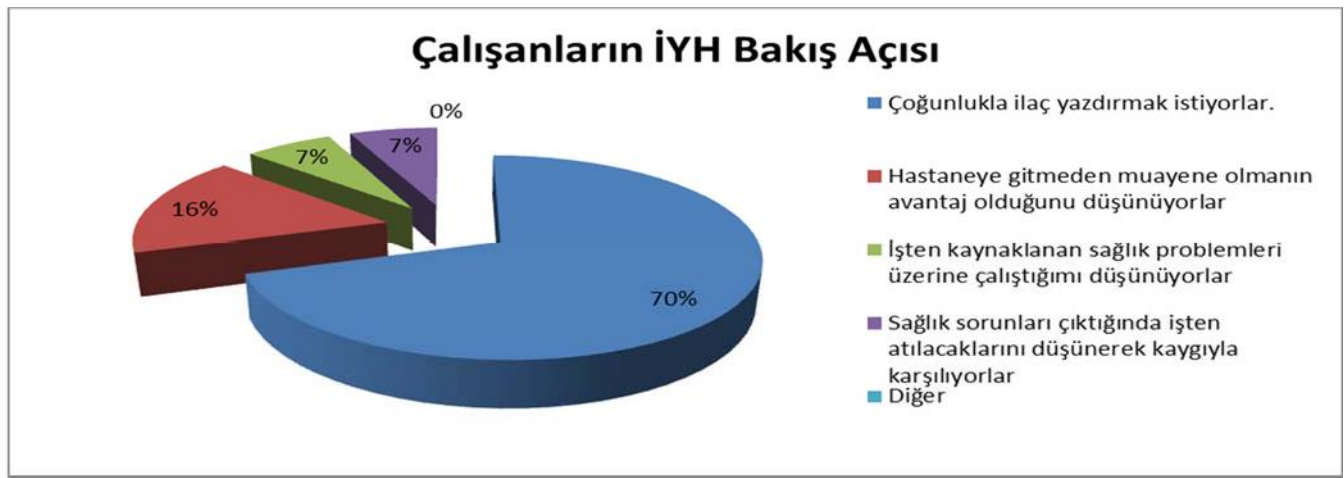
	Number of Answers	Percentage %
I am having difficulty in conducting the tests	12	40.00%
We set up our own laboratory, we get services from outside for some tests	5	16.67%
We get service from the university	2	6.67%
We get services from the Ministry of Health hospitals	5	16.67%
We get services from Community Health Centres	1	3.33%
We get services from private hospitals	5	16.67%



Description: 40 % of the workplace doctors are faced with difficulties to get the tests of employees at workplaces done.

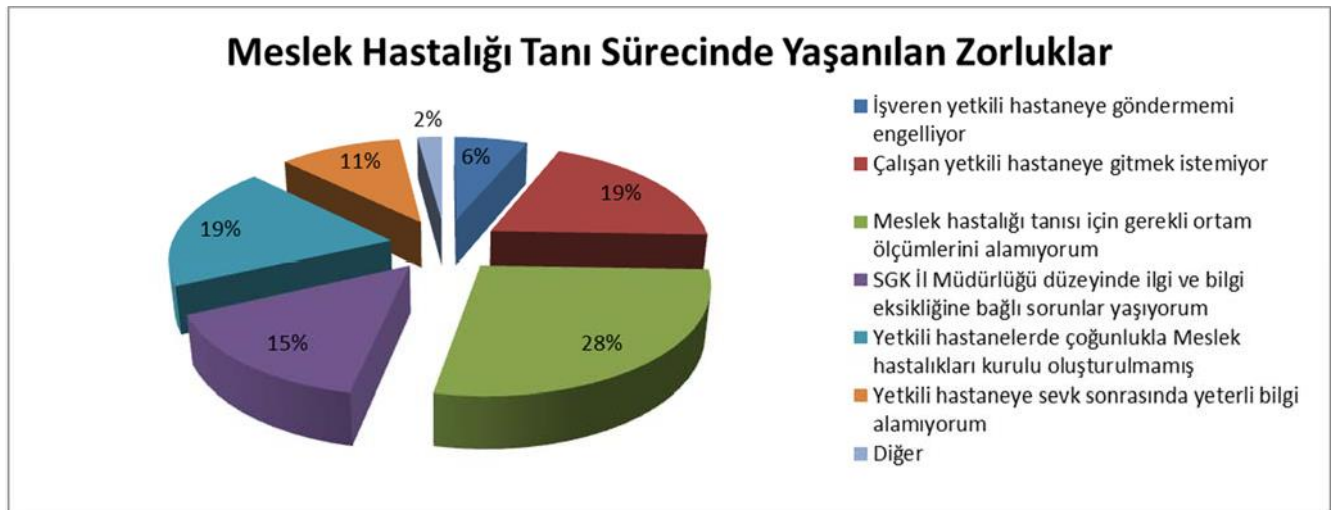
54. Which of the following is closer to the point of view of the employees on workplace doctors?

	Number of Answers	Percentage %
Mostly, they want me to prescribe a medicine.	21	70.00%
They think it is an advantage to be examined without visiting the hospital	5	16.67%
They think that I work on health problems caused by occupation	2	6.67%
They are concerned as they believe that they will be fired from their job if any	2	6.67%
Other	0	0.00%



55. What is/are the difficulties you have experienced in the diagnostic process of occupational diseases?

	Number of Answers	Percentage %
The employer is preventing us from referring to the authorized hospital.	3	6.38%
The employee does not want to go to the authorized hospital.	9	19.15%
We cannot get the necessary ambient measurements for the diagnosis of	13	27.66%
We are experiencing problems related to lack of interest and information at	7	14.89%
Authorized hospitals mostly do not have Occupational diseases board	9	19.15%
I do not have enough information after referral to the authorized hospital	5	10.64%
Other	1	2.13%



56. 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?

- I. The employer and employee representatives have to be trained.
- II. The economic bonds of occupational safety specialists and workplace doctors should be taken from the employer and given under the control of Government. The systems of Ministry of Health and Ministry of Labour need to be improved for more efficient work of doctors.
- III. First of all, people need to love their job and this will increase the effectiveness. People do not like their job and they cannot be productive. Because people are not working at their dream job with people they want to work with.
- IV. It will be appropriate that workplace doctors and occupational safety specialists work under a ministry. It is really hard to get paid by the Employer and then to instruct the employer. Ministries need to work in coordination.
- V. OSGBs should employ workplace doctor in the real way. OSGBs should not make unfair competition.
The doctors should really act in work. Ministry of Health and Ministry of Labour have to work together.
- VI. I cannot report/complain about a situation that consists a life danger. Because, they can easily reach me.
- VII. OSGBs have to be grouped, and hazardous class should not be more than 10-15 workplaces.
- VIII. I request that the salaries to be paid by ministry, not the employer.
- IX. Inspections should be increased. Trainings and seminars need to be organized for employers in order to provide them a knowledge on this issue. The importance of OSGBs should be stated and professionals should emphasize.
- X. In order to establish an integrated culture with training programs and to provide its sustainability; participatory models should be generated. In addition, with awareness speeches, new Financing models should be generated for applicability and public authority and regulators should become more active.
- XI. All the employers and workplace officer have to be informed more.
- XII. There should be no monetary relations between the service provider and the served. OSGBs and served companies have to be inspected more frequently. Those without any experience should not become occupational safety specialists. Occupational safety specialists need to be distributed between the sectors.
- XIII. Workplace doctor and occupational safety specialist should have more power to impose sanctions.
- XIV. The part of Law on Occupational Health and Safety should be transferred to the Ministry of Health. I believe the efficiency will increase.

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