



# Textile Services Industry Safety Survey

Survey Deadline  
March 7, 2025

**Your data will be treated confidentially by the Mackay Research Group.**

No one from TRSA or its staff will have access to individual company data.

Participant data will be aggregated in a way that prevents identification of any individual company.

Please complete and send **no later than March 7, 2025** to: [surveys@mackayresearchgroup.com](mailto:surveys@mackayresearchgroup.com)

## Instructions

- (1) Please complete one form for each of your facilities.
- (2) If you would prefer the survey in Excel, email Taylor Mackay at [taylor@mackayresearchgroup.com](mailto:taylor@mackayresearchgroup.com) or visit [www.safetrsa.org](http://www.safetrsa.org)
- (3) Questions? Contact Taylor Mackay at the Mackay Research Group, 720-890-4255 or email [taylor@mackayresearchgroup.com](mailto:taylor@mackayresearchgroup.com)

Name/Title \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Facility location \_\_\_\_\_ Location Zip Code \_\_\_\_\_

## Questions

1. Type of facility being reported (**check only one**) ..... ☐ Plant ☐ Depot (no on-site production)
2. How is your business classified? (**check only one**) ..... ☐ Linen Supply (NAICS – 812331) ☐ Uniform (NAICS – 812332)  
☐ Other (NAICS – \_\_\_\_\_)
3. **Safety** – Copy data from the facility's 2024 OSHA Form 300A. Instead of completing question 3, you may submit a copy of your actual OSHA Form 300A for 2024.  
Average number of employees in 2024..... \_\_\_\_\_ #  
Total hours worked by all employees in 2024 ..... \_\_\_\_\_ hrs  
(All employees; salaried, hourly, part-time, and seasonal workers)  
(H) Total number of cases with days away from work..... \_\_\_\_\_ #  
(I) Total number of cases with job transfer or restriction..... \_\_\_\_\_ #  
(J) Total number of other recordable cases ..... \_\_\_\_\_ #  
(K) Total number of days away from work ..... \_\_\_\_\_ #  
(L) Total number of days of job transfer or restriction..... \_\_\_\_\_ #  
4. Does this facility have a formal program to lower incidence of injuries and lost workdays?..... ☐ Yes ☐ No  
(A) Does this facility have a formal accident investigation program in place?..... ☐ Yes ☐ No  
(B) Average number of safety training hours an employee receives annually ..... \_\_\_\_\_ hrs  
5. Does this facility have formal Safety Committee meetings?..... ☐ Yes ☐ No  
(A) What is the ratio between management & employees on the Committee? \_\_\_\_ Management members \_\_\_\_ Number of employees  
6. How often does the Safety Committee meet on location? (**check only one**)  
☐ Monthly ☐ Quarterly ☐ Annually  
7. Do “near misses” and “incident only” occurrences get investigated to determine root cause? .. ☐ Yes ☐ No