

# What Do YOU Know About Synagro?

## A Survey about Conditions for Workers at Synagro Technologies

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME E-MAIL \_\_\_\_\_@\_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

JOB POSITION \_\_\_\_\_

Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Rate of Pay \_\_\_\_\_ Hours Worked/ Week \_\_\_\_\_

Days worked: MO TU WE TH FR SA SU Shift start time \_\_\_\_\_ Shift end time \_\_\_\_\_

### HEALTH AND SAFETY/TRAINING

1. Have you been trained on the federal rules regarding the use or disposal of biosolids? YES NO

2. If yes, what form did that training take?

- Classroom training  Was given a copy of EPA guidelines  
 On-the-job training  Received state mandated certification (if applicable)  
 Other: \_\_\_\_\_

3. Do you get ongoing training or receive updated safety information on a regular basis? YES NO

4. Are you responsible for the record-keeping or monitoring of use and disposal of biosolids for reporting to government agencies? YES NO

If yes, did you receive additional training before starting these duties? YES NO

5. Are you required to have contact with Class B biosolids? YES NO NOT SURE

6. Does your employer provide you with appropriate safety equipment? YES NO

If yes, what kind of equipment do they provide?

- Dust mask  Gloves  Goggles  Splash-proof face shield  
 Boots  Coveralls  Other: \_\_\_\_\_

7. Does your employer provide you with facilities to change your clothes? YES NO

8. Do these facilities include running water and soap? YES NO

### SCHEDULE

9. Do you ever start work before your shift or keep working after your shift? YES NO

If yes, how often? \_\_\_\_\_/week

10. Has anyone directed you to work before punching in or after punching out (off the clock) YES NO

If yes, who directed you? \_\_\_\_\_ When \_\_\_\_\_

11. Are there any written orders, handbook or policies directing you to arrive early or stay late at work? YES NO  
If yes, may we see a copy? YES NO

### BREAKS/MEAL

12. Other than lunch, do you receive rest breaks during your shift? YES NO
13. Do you punch in and out for your breaks? YES NO
14. Where do you take your breaks? \_\_\_\_\_
15. Are you allowed to leave your work station during your breaks? YES NO
16. Do you receive a meal break if you work more than five hours? YES NO
17. Are you relieved of all duties during your break? YES NO  
Are you required to answer a supervisor's calls during your break? YES NO
18. Is your break ever interrupted? YES NO  
If yes, do you punch back in, or lose the time?
19. Do you have any written policies or written orders regarding meal breaks? YES NO  
If yes, may we see a copy? YES NO

### OVERTIME

20. Do you work more than 40 hours a week? YES NO
21. Do you receive time and a half for hours over 40 hours/wk? YES NO NOT SURE
22. Could you show us your pay stub so we can make sure you are being paid fairly? YES NO
23. Do you have an agreement with your employer to receive overtime pay only after working 80 hours in a 14-day period? YES NO  
If that agreement is in writing, may we see a copy? \_\_\_\_\_

### HOSTILE WORKPLACE

24. In terms of race, religion, gender, and national origin, are all workers treated equally? YES NO  
If not, explain \_\_\_\_\_
25. Have you ever experienced discrimination based on race, religion, gender or national origin? YES NO  
How so \_\_\_\_\_
26. Have you ever been sexually harassed at work by a supervisor or co-worker? YES NO  
How so \_\_\_\_\_

### OTHER

27. Is there anything else you want us to know about your workplace conditions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
28. If you could change one thing about your job, what would it be? \_\_\_\_\_



For more information:  
[SynagroStinks.CarlyleExposed.org](http://SynagroStinks.CarlyleExposed.org)  
[info@CarlyleExposed.org](mailto:info@CarlyleExposed.org)