

Pandemic Influenza Preparedness Workplace Survey

PLAN
PREPARE
PRACTICE

www.statehealth.in.gov

Date: ____/____/____

Has your workplace begun to plan for a possible influenza pandemic?

Task	Not Started	In Progress	Completed
• We have identified critical resources required to maintain our business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have checked with our vendors regarding their pandemic influenza plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have established an emergency communications plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have established policies for working from home (e.g., telecommuting).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have placed posters demonstrating proper hand washing techniques in restrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have placed respiratory etiquette posters in common areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have educated our employees on pandemic influenza.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have shared with our employees our community's sources for timely and accurate pandemic information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• We have participated with our local health department in our community's planning processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

For more information on preparing for pandemic influenza, please contact us at:
[INSERT YOUR CONTACT INFORMATION]

Or visit us at www.[INSERT YOUR WEB SITE ADDRESS]

Or visit www.pandemicflu.gov/plan/workplaceplanning for more specific steps you can take to prepare for pandemic influenza in the workplace.

If you would like us to contact you personally to discuss further planning and preparation for a pandemic influenza, please provide the following information:

Name _____

Address _____

Telephone Number _____ E-mail _____

What is the best time of day to reach you? Morning ___ Afternoon ___ Evening ___ THANK YOU.