



+1/1/60+

Question 1: Does the shop in which you work belong to a capitalist or to a limited company?

Capitalist ☒

Limited company ☐

Don't know ☐

Question 2: What is the youngest age at which children are taken on?

< 13 years	13 years	14 years	15 years	16 years	> 16 years	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 3: Is the shop in a town or in a village?

Town ☐ → Go on with question 5

Village ☒ → Go on with question 4

Question 4: If your shop is in the country, is there sufficient work in the factory for your existence, or are you obliged to combine it with agricultural labor?

Sufficient work in the factory ☒

Combine it with agricultural labor ... ☐

Question 5: Are safety measures to prevent accidents applied to the engine, transmission and machinery? Please select all that apply!

engine ☐

transmission ☒

machinery ☒



+1/2/59+

Question 6: How satisfied are you with the hygienic conditions in the workshop regarding the following aspects? Please select one answer for each row!

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dis- satisfied	Don't know
Size of the room space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lavatories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise of Machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metallic Dust.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dampness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>