

**Consumer Satisfaction Surveys for 2008-2011**

**Burden in minutes (R= Respondent, S= Staff)**

Survey	Sample Size	Survey Method	Pre-notice		Survey		Reminder		Thank You / Follow-up*		GRAND TOTAL	
			R	S	R	S	R	S	R	S	R	S
Clearinghouse	300	E-mail, Mail	1	1	4	8	1	1	3	3	9	13
Fast Track	150	E-mail, Mail	1	1	4	16	1	1	3	3	9	21
Hotline	350	Mail	1	1	4	7	1	1	1	1	7	10
Ombudsman	200	E-mail, Mail	1	1	4	12	1	1	3	3	9	17
State Partners	54	E-mail, Fax	1	1	4	45	1	1	3	3	9	50
Website	1,000	Web-based	X	X	3	2	X	X	X	X	3	2
<b>Total Over 3 Years</b>			<b>1,054</b>	<b>1,054</b>	<b>7,216</b>	<b>14,080</b>	<b>1,054</b>	<b>1,054</b>	<b>2,462</b>	<b>2,462</b>	<b>11,786</b>	<b>18,650</b>
<b>Total Per Year</b>			<b>351</b>	<b>351</b>	<b>2,405</b>	<b>4,693</b>	<b>351</b>	<b>351</b>	<b>821</b>	<b>821</b>	<b>3,929</b>	<b>6,217</b>

<b>Total Respondent Hours per Year</b>	<b>65</b>
<b>Total Staff Hours per Year</b>	<b>104</b>

\*Four of our surveys occasionally receive low response rates due to various factors. To deal with this, a follow-up to the survey is performed when unusually low response rates appear. The follow-up uses a different survey method (Telephone) to make the survey more accessible to respondents.

## Clearinghouse Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Sustain the high level of consumer satisfaction with the Clearinghouse at 90% or better through the year 2010.
<b>Background</b>	The National Injury Information Clearinghouse (Clearinghouse) disseminates statistics and information related to deaths and injuries associated with the over 15,000 consumer products under the agency's jurisdiction. Each year the Commission responds to requests for information from the American public. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the program is meeting the public's standards.
<b>Target Population</b>	Users of the National Injury Information Clearinghouse
<b>Data Source(s)</b>	Clearinghouse tracking data base
<b>Sampling Method</b>	All Clearinghouse users during a 12 week period are included in the survey with the exception of Freedom of Information Act (FOIA) requests, internal staff requests, requests from people or entities outside of the U.S., erroneous duplicates of the same request, follow-up requests, and requests with no return contact information.
<b>Sample Size</b>	300
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 63%
<b>Survey Method</b>	<b>E-mail and Mail (Phone Follow-up if needed)</b> – All participants who provide an e-mail address will receive the e-mail survey; all other participants will receive the survey by mail.
<b>Procedure</b>	Participants will be sent four mailings over several weeks. The first will contain a letter from the Chairman requesting participation when the survey arrives. One week later, the questionnaire will be sent out. A follow-up postcard will be mailed one week after the questionnaire as a reminder. And lastly, five weeks after the follow-up postcard, a second copy of the survey will be sent to participants. E-mail procedures will be the same only through e-mails rather than general mailings. <b>NOTE:</b> In the rare case of a low response rate, the thank you letter will be replaced by a telephone follow-up.
<b>Data Quality Checks</b>	Accuracy: Two survey types will yield similar results to previous surveys with a standard error of .02 Completeness: Questions cover all appropriate goals and customer service standards. Consistency: Standardized questionnaire and procedures. Timeliness: Survey performed in FY09 for FY09 goal.
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who replied to "In general, how satisfied are you with the way the Clearinghouse worked?" with either "Very Satisfied" or "Satisfied" was:  93%
<b>Data Limitations</b>	Sampling frame restricted to portion of year.
<b>Attachments</b>	Pre-notice Letter Mail Survey Internet Survey  Postcard Reminder Telephone Follow-up



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

Within the next few days, you will receive a brief questionnaire asking about your recent request for information from the U.S. Consumer Product Safety Commission's National Injury Information Clearinghouse. The Clearinghouse disseminates statistics and information relating to deaths and injuries associated with consumer products and works to assist consumers in reporting product-related incidents. Each year the Clearinghouse responds to over 3000 requests for information from the public.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The survey should arrive in a few days with OMB control number 3041-0128. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you for your cooperation.

Sincerely,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



**A Message from the Chairman, US Consumer Product Safety Commission**

The National Injury Information Clearinghouse disseminates statistics and information related to deaths and injuries associated with the over 15,000 consumer products under the agency's jurisdiction. In order for us to maintain and improve this service to the public, we are conducting a survey of those who recently used the program.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at Employee@cpsc.gov.

Thank you,

Nancy A. Nord  
Acting Chairman

Hotline 1-800-638-CPSC  
[www.cpsc.gov](http://www.cpsc.gov)

-----Detach, fold and return the part below-----

**Your Opinion Counts!**

- 1. The staff person I spoke with was courteous.  Yes  No  Not Applicable
- 2. I was satisfied with how quickly I received the information.  Yes  No  Don't Know
- 3. I was satisfied with the information I received.  Yes  No  Don't Know
- 4. I would use the Clearinghouse again.  Yes  No  Don't know
- 5. In general, how satisfied are you with the Clearinghouse?  
 Very Satisfied  Satisfied  Dissatisfied  Very Dissatisfied

Any comments?

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## U.S. CONSUMER PRODUCT SAFETY COMMISSION CLEARINGHOUSE SURVEY 20XX

The National Injury Information Clearinghouse disseminates statistics and information related to deaths and injuries associated with the over 15,000 consumer products under the agency's jurisdiction. In order for us to maintain and improve this service to the public, we are conducting a survey of those who recently used the program. Please take a few moments to answer the following questions and click the submit button at the end of the survey.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you for your cooperation,

Nancy A. Nord  
Acting Chairman

OMB Control Number 3041-0128  
Expiration Date 8/31/2008

1 The staff person I spoke with was courteous.

Yes	No	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3

2 I was satisfied with how quickly I received the information.

Yes	No	Do not know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3

3 I was satisfied with the information I received.

Yes	No	Do not know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3

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4 I would use the Clearinghouse again.

Yes	No	Do not know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5 In general, how satisfied are you with the Clearinghouse?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6 Any comments?

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OMB Control Number 3041-0128  
Expires 8/31/08





U.S. Consumer Product Safety Commission  
Bethesda, MD

We recently mailed you a survey (OMB #3041-0128) regarding the CPSC Clearinghouse. If you have already completed and returned the survey, please accept our sincere thanks. If not, please do so at your earliest convenience. We are especially grateful for your feedback because we believe your response will be very useful in understanding how well we are meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*

OMB Control #3041-0128  
Expires 8/31/08



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

**Telephone Follow-up Questions**

Hello, my name is *Employee Name*. I am calling on behalf of the U.S. Consumer Product Safety Commission's Office of Budget, Planning and Evaluation. We are doing a customer satisfaction survey about our National Injury Information Clearinghouse. May I ask you a few questions that will take only a few minutes of your time?

At this time I am required to tell you that the OMB control number for this survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded.

Also, all responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

1. The staff person I spoke with was courteous.

- Yes  
 No  
 Not Applicable

2. I was satisfied with how quickly I received the information.

- Yes  
 No  
 Do not know

3. I was satisfied with the information I received.

- Yes  
 No  
 Do not know

4. I would use the Clearinghouse again

- Yes  
 No  
 Do not know





U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

5. In general, how satisfied are you with the Clearinghouse?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

Comments

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Thank you for your time.

## Fast Track Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Maintain success with the timeliness and usefulness of the Fast Track Product Recall programs for industry through 2010.	
<b>Background</b>	The U.S. Consumer Product Safety Commission created the Fast Track Recall Program in 1997 to provide companies with a means to quickly remove hazardous products from the marketplace. A firm that reports and corrects a problem within 20 business days will not be subject to a preliminary determination that the product presents a substantial risk of injury. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the program is meeting the firm's needs.	
<b>Target Population</b>	Any company who recalls a product using the Fast Track Recall Program	
<b>Data Source(s)</b>	Office of Compliance database	
<b>Sampling Method</b>	During the Fiscal Year of the survey, all companies within the U.S. that recall a product using the Fast Track Recall Program are included in the survey.	
<b>Sample Size</b>	150	
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 74%	
<b>Survey Method</b>	<b>E-mail and Mail (Phone Follow-up if needed)</b> – All participants who provide an e-mail address will receive the e-mail survey; all other participants will receive the survey by mail.	
<b>Procedure</b>	Participants will be sent four mailings over several weeks. The first contains a letter from the Chairman requesting participation when the survey arrives. One week later, the questionnaire will be sent out with a cover letter explaining the survey. Another questionnaire with cover letter will be mailed one week afterwards as a reminder. Lastly, five weeks after the follow-up letter, a “Thank You” letter will be sent to all participants. E-mail procedures will be identical only through e-mails rather than general mailings. <b>NOTE:</b> In the rare case of a low response rate, the “Thank You/Reminder” letter will be replaced by a telephone follow-up.	
<b>Data Quality Checks</b>	Accuracy: All users of the program in a Fiscal Year will be surveyed with a standard error of .02 Completeness: All appropriate goals and standards measured. Consistency: Standardized questionnaire and procedures. Timeliness: Survey completed in FY09 for FY09 goals/standards.	
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who either “strongly agreed” or “agreed” that “The Fast Track program should be continued” was:  92%	
<b>Data Limitations</b>	Participant sample comes from previous Fiscal Year.	
<b>Attachments</b>	Pre-notice Letter Survey Cover Letter Mail Survey	Internet Survey Thank You Letter Telephone Follow-up



OMB Control #3041-0128  
Expires 8/31/2008

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

«TITLE» «FIRST» «LAST»  
«Company»  
«Street»  
«City», «State» «Zip»

«GREETINGLINE»

You recently used our FAST TRACK RECALL PROGRAM. This program is designed to quickly implement a voluntary consumer-level recall within 20 working days of a company's report.

In order for us to assess the effectiveness of the Fast Track program, we will be conducting a survey of those who recently used the program. We intend to send the survey out over the next week. When you receive the survey please take a few moments to answer all of the questions and return it.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The survey should arrive in a few days with OMB control number 3041-0128. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



OMB Control #3041-0128  
Expires 8/31/2008

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

«TITLE»«FIRST»«LAST»  
«Company»  
«Street»  
«City», «State» «Zip»

«GREETINGLINE»

We are conducting a survey of those who have recently used the FAST TRACK RECALL PROGRAM. This program is designed to implement a quick voluntary consumer-level recall within 20 working days of a company's report.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation.

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



# U.S. Consumer Product Safety Commission Fast Track Survey 2007

Welcome to the CPSC Fast Track Recall Program. Please take a few moments to answer the following questions and send the survey back using the enclosed envelope. All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

1. How did you become aware of the Fast Track Program?

- |   |  |
|---|--|
| <input type="checkbox"/> Company's staff attorney<br><input type="checkbox"/> CPSC Staff<br><input type="checkbox"/> Other, please specify: _____ | <input type="checkbox"/> Attorney outside of the company<br><input type="checkbox"/> Other staff from my company |
|---|--|

	Strongly Agree	Agree	Un-decided	Disagree	Strongly Disagree
2. The CPSC Compliance Officer who worked with you was knowledgeable about the Fast Track Recall Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The Compliance Officer was courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did you ask the Compliance Officer for any advice or guidance in conducting the recall?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	If no, skip to question 7.	
5. The information provided by the Compliance Officer was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The information provided by the Compliance Officer was useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did you use Fast Track information materials to develop your recall?	<input type="checkbox"/> YES		<input type="checkbox"/> NO	If no, skip to question 10.	
8. The information was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The information was useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The time required to implement the recall was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The Fast Track Program should be continued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Please provide suggestions that would allow us to better assist companies who use the Fast Track program.					

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## U.S. CONSUMER PRODUCT SAFETY COMMISSION FAST TRACK SURVEY 20XX

Welcome to the CPSC Fast Track Recall Program Survey. This program is designed to quickly implement a consumer-level voluntary recall within 20 working days of the company's report. This survey is part of our continuing effort to provide the best and most efficient service for our customers. Please take a few moments to answer the following questions and click the submit button at the end of the survey.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at Employee@cpsc.gov.

Thank you for your cooperation,

Nancy A. Nord  
Acting Chairman

OMB Control Number 3041-0128  
Expiration Date 8/31/2008

1 How did you become aware of the Fast Track Program?

- Company's staff attorney
- Attorney outside of the company
- CPSC Staff
- Other staff from my company
- Other, please specify

2 The CPSC Compliance Officer who worked with you was knowledgeable about the Fast Track Recall Program.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

3 The Compliance Officer was courteous.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

4 Did you ask the Compliance Officer for any advice or guidance in conducting the recall?

YES  NO

OMB Control Number 3041-0128  
Expires 8/31/08



Survey Page 1



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION FAST TRACK SURVEY 20XX**

5 The information provided by the Compliance Officer was clear.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

6 The information provided by the Compliance Officer was useful.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

OMB Control Number 3041-0128  
Expires 8/31/08





**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION FAST TRACK SURVEY 20XX**

7 Did you use Fast Track information materials to develop your recall?

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Expires 8/31/08



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION FAST TRACK SURVEY 20XX**

8 The information was clear.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>

9 The information was useful.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>

OMB Control Number 3041-0128  
Expires 8/31/08







## U.S. CONSUMER PRODUCT SAFETY COMMISSION FAST TRACK SURVEY 20XX

10 The time required to implement the recall was adequate.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

11 The Fast Track program should be continued.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

12 Do you have any suggestions that would allow us to better assist companies who use the Fast Track program?

OMB Control Number 3041-0128  
Expires 8/31/08





OMB Control #3041-0128  
Expires 8/31/2008

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

«TITLE» «FIRST» «LAST»  
«Company»  
«Street»  
«City», «State» «Zip»

«GREETINGLINE»

We recently mailed you a questionnaire asking about your experience with the FAST TRACK RECALL PROGRAM. If you already completed and returned the survey to us, please accept our sincere thanks. If not, please do so at your earliest convenience. We are especially grateful for your help because we believe your response will be very useful in understanding how well we are meeting your needs. Even though surveys were sent to many recent users of the Fast Track Recall Program, it is only by hearing from nearly every participant that we can be sure that all opinions of the program are represented.

In case you lost or misplaced your survey we have enclosed an additional copy and a stamped envelope for your use. All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation.

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

**FAST TRACK SURVEY- Phone Interview**

Hello, my name is *Employee Name*. I am calling on behalf of the U.S. Consumer Product Safety Commission's Office of Budget, Planning and Evaluation. We are doing a customer satisfaction survey about our Fast Track Recall Program. May I ask you a few questions that will take only a few minutes of your time?

At this time I am required to tell you that the OMB control number for this survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded.

Also, all responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

1. How did you first become aware of the Fast Track Program?

- Firm's staff attorney
- Attorney outside of firm
- CPSC Staff
- Other staff from my company
- Other \_\_\_\_\_

Strongly Agree	Agree	Undec.	Disagree	Strongly Disagree
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2. The Compliance Officer who worked with you was knowledgeable about the Fast Track Recall Program.

5	4	3	2	1
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U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

	Strongly Agree	Agree	Undec.	Disagree	Strongly Disagree
3. The Compliance Officer was courteous.	5	4	3	2	1

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4. Did you ask the Compliance officer for any advice or guidance in conducting the recall? Yes  No  If no, skip to 7.

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5. The information provided by the Compliance Officer was clear.	5	4	3	2	1
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6. The information provided by the Compliance Officer was useful.	5	4	3	2	1
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7. Did you use the Fast Track information materials to develop your recall?  
Yes  No  If no, skip to 10.

8. The information was clear.	5	4	3	2	1
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BETHESDA, MD 20814

	Strongly Agree	Agree	Undec.	Disagree	Strongly Disagree
9. The information was useful.	5	4	3	2	1

10. The time required by CPSC to implement the recall (typically 20 business days) was adequate.	5	4	3	2	1

11. The Fast Track program should be continued.	5	4	3	2	1

*I just have one final question.*

12. Do you have any suggestions that would allow us to better assist firms who use the Fast Track program?

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*Thank you for your time.*

## Hotline Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Sustain the high level of consumer satisfaction with the hotline at 90% or better through the year 2010.
<b>Background</b>	The Hotline is a toll-free service that allows consumers to report product complaints or product-related injuries, learn about recalls and safety hazards, and obtain safety publications 24 hours a day, 7 days a week. The Hotline has published customer service standards. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the program is meeting the public's needs.
<b>Target Population</b>	Anyone who calls the Hotline.
<b>Data Source(s)</b>	Hotline callers who provided their names and addresses to CPSC staff to file a statement about a potentially hazardous product, request information, or be put on a mailing list.
<b>Sampling Method</b>	All callers in a 7-week period who spoke with a Hotline representative and agreed to give their name and address are included in the survey.
<b>Sample Size</b>	350
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 65%
<b>Survey Method</b>	<b>Mail survey</b>
<b>Procedure</b>	Participants will be sent four mailings over several weeks. The first contains a letter from the Chairman requesting participation when the survey arrives. One week later, the questionnaire will be sent out with a cover letter signed by the Chairman and a small incentive. A follow-up postcard will be mailed one week after the questionnaire as a reminder. And lastly, five weeks after the follow-up postcard, a second copy of the survey, with cover letter, will be sent to participants.
<b>Data Quality Checks</b>	Accuracy: A standard error of .02 Completeness: Questions covered all appropriate goals and customer service standards. Consistency: Standardized questionnaire. Timeliness: Survey done in FY2011 for FY2011 goal.
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who replied to "In general, how satisfied are you with the way the Hotline worked?" with either "Very Satisfied" or "Satisfied" was:  91%
<b>Data Limitations</b>	Inability to include callers who do not speak to hotline staff Inability to include callers who do not provide a mailing address. Sampling restricted to 7-week time period.
<b>Attachments</b>	Pre-notice Letter Survey Cover Letter Mail Survey  Reminder Postcard Thank You Letter



OMB Control #3041-0128  
Expires 8/31/08

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address 1  
City, State Zip

Within the next few days you will receive a request to fill out a brief customer satisfaction survey regarding the Consumer Product Safety Commission Hotline. The Hotline is a toll-free service that allows consumers to report product complaints or product-related injuries, learn about recalls and safety hazards, and obtain safety publications 24 hours a day, 7 days a week.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The survey should arrive in a few days with OMB control number 3041-0128. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you very much for your cooperation.

Sincerely,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

I am writing to ask for your opinion of the CPSC Hotline. The Hotline is a toll-free service that allows consumers to report product complaints or product-related injuries, learn about recalls and safety hazards, and obtain safety publications 24 hours a day, 7 days a week. This survey is part of our continuing effort to provide the best and most efficient service to consumers. We are very interested in how you rate the program and what suggestions you have to improve the services provided by the Hotline.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you very much for your cooperation.

Sincerely,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*





# U.S. Consumer Product Safety Commission Hotline Survey 20XX

Welcome to the CPSC Hotline Survey. Please take a few moments to answer the following questions and send the survey back using the enclosed envelope. All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

1. For your most recent call to the Hotline, did you... (check all that apply)

- File a complaint about an unsafe product
- Get product safety or recall information
- Get a referral to another agency
- Request a publication
- Request to be put on the mailing list
- Other, please specify: \_\_\_\_\_

2. Was this the first time you ever used the Hotline?

- Yes
- No
- I don't remember

3. Did you get a busy signal when you first dialed the Hotline?

- Yes
- No
- I don't remember

4. The instructions on how to use the Hotline were easy to follow.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
----------------	-------	---------	----------	-------------------

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

5. Did you get safety information from a recorded message?  Yes

No *If no, skip to question 8.*

6. The recorded safety information was easy to find.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

7. The recorded safety information was easy to understand.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

8. The Hotline operator was courteous.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

9. The information received from the operator was easy to understand.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

10. In general, I am satisfied with the way the Hotline worked.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

11. Would you use the Hotline again?

- Yes
- No

12. Why or why not?

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13. What did you like about the CPSC Hotline? What needs improvement?

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**Thank you for taking the time to give us your feedback.**

OMB Control 3041-0128  
Expires 8/31/2008



U.S. Consumer Product Safety Commission  
Bethesda, MD

We recently mailed you a survey (OMB #3041-0128) regarding the CPSC Hotline. If you have already completed and returned the survey, please accept our sincere thanks. If not, please do so at your earliest convenience. We are especially grateful for your feedback because we believe your response will be very useful in understanding how well we are meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*

OMB Control #3041-0128  
Expires 8/31/08



OMB Control #3041-0128  
Expires 8/31/08

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

We recently mailed you a survey asking about your experience using the CPSC Hotline. If you already completed and returned the survey to us, please accept our sincere thanks. If not, please complete the survey and return it to us at your earliest convenience. We are especially grateful for your help because it is only by receiving feedback from people like you that we can evaluate how well the Hotline works.

In case you lost or misplaced your survey, we have enclosed an additional copy and a stamped envelope for your use. If you already responded, please disregard this request.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you very much for your cooperation.

Sincerely,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*

## Small Business Ombudsman Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Maintain success with the timeliness and usefulness of the Small Business Ombudsman programs for industry through 2010.	
<b>Background</b>	The Small Business Ombudsman Program helps small businesses comply more easily with product safety guidelines and manufacture safer products. The program provides firms with a single point of contact that expedites a clearly understandable response from the CPSC technical staff. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the program is meeting the needs of small businesses.	
<b>Target Population</b>	Small businesses that contact the Ombudsman Program	
<b>Data Source(s)</b>	Small Business Ombudsman database	
<b>Sampling Method</b>	All small businesses that contacted the Ombudsman during an 8-month period are included in the survey.	
<b>Sample Size</b>	200	
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 74%	
<b>Survey Method</b>	<b>E-mail and Mail (Phone Follow-up if needed)</b> – All participants who provide an e-mail address will receive the e-mail survey; all other participants will receive the survey by mail.	
<b>Procedure</b>	Participants will be sent four mailings over several weeks. The first contains a letter from the Chairman requesting participation when the survey arrives. One week later, the questionnaire will be sent out with a cover letter explaining the survey. A follow-up letter and questionnaire will be mailed one week after the questionnaire as a reminder. Lastly, five weeks after the follow-up letter, a “Thank You/Reminder” letter will be sent to all participants. E-mail procedures will be identical only through e-mails rather than general mailings. <b>NOTE:</b> In the rare case of a low response rate, the “Thank You/Reminder” letter will be replaced by a telephone follow-up.	
<b>Data Quality Checks</b>	Accuracy: A standard error of .02 Completeness: All appropriate goals and standards measured. Consistency: Standardized questionnaire and procedures. Timeliness: Survey completed in FY09 for FY09 goal.	
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who either “strongly agreed” or “agreed” that “The Ombudsman program should be continued” was:  92%	
<b>Data Limitations</b>	Sampling restricted to portion of fiscal year.	
<b>Attachments</b>	Pre-notice Letter Survey Cover Letter Mail Survey	Internet Survey Reminder / Thank You Letter Telephone Follow-up



OMB Control #3041-0128  
Expires 8/31/08

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

Greeting Line

The Consumer Product Safety Commission's (CPSC) Small Business Ombudsman program (SBO) helps small businesses comply more easily with product safety guidelines by responding to their inquiries clearly and quickly. Over the next few weeks, the CPSC will be conducting a survey of recent SBO users in an effort to rate the program.

Since you contacted us recently, we would like to hear about your experience. When the survey arrives, simply fill out the short questionnaire and return it using the prepaid return envelope.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The survey should arrive in a few days with OMB control number 3041-0128. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



OMB Control #3041-0128  
Expires 8/31/08

U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

Greeting Line

The Consumer Product Safety Commission's (CPSC) Small Business Ombudsman program (SBO) helps small businesses comply more easily with product safety guidelines by responding to their inquiries clearly and quickly. Over the next few weeks, the CPSC will be conducting a survey of recent SBO users in an effort to rate the program.

Since you contacted us recently, we would like to hear about your experience. Please fill out the enclosed questionnaire and return it using the prepaid return envelope.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



# U.S. Consumer Product Safety Commission Small Business Ombudsman Survey 20XX

Welcome to the CPSC Small Business Ombudsman Survey. Please take a few moments to answer the following questions and send the survey back using the enclosed envelope. All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs. The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

1. Was your inquiry responded to in a timely manner?    \_\_\_ YES    \_\_\_ NO

Comments \_\_\_\_\_  
\_\_\_\_\_

2. Was the information clear?    \_\_\_ YES    \_\_\_ NO

3. Was the information supplied useful?    \_\_\_ YES    \_\_\_ NO

Comments \_\_\_\_\_  
\_\_\_\_\_

Strongly Agree	Agree	Un-decided	Disagree	Strongly Disagree
----------------	-------	------------	----------	-------------------

4. The Product Safety Expert who contacted you was knowledgeable.                   

5. The Product Safety Expert who contacted you was courteous.                   

6. The time to receive a response was adequate.                   

7. How satisfied are you with your experience?                   

8. How did you contact the CPSC?  
\_\_\_\_\_  
\_\_\_\_\_

9. Was this the first time you contacted the CPSC?    \_\_\_ YES    \_\_\_ NO

10. Was your inquiry related to a small business?    \_\_\_ YES    \_\_\_ NO    \_\_\_ Do not know

11. About how many employees work in your organization?    \_\_\_\_\_

12. What term would best describe your organization?  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you have any comments that would allow us to better assist firms who use the Ombudsman program?  
\_\_\_\_\_  
\_\_\_\_\_





## U.S. CONSUMER PRODUCT SAFETY COMMISSION SMALL BUSINESS OMBUDSMAN SURVEY 20XX

Welcome to the CPSC Small Business Ombudsman Survey. The SBO program is designed to help small businesses comply more easily with product safety guidelines by responding to their inquiries clearly and quickly. This survey is part of our continuing effort to provide the best and most efficient service for our customers. Please take a few moments to answer the following questions and click the submit button at the end of the survey.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you for your cooperation,

Nancy A. Nord  
Acting Chairman

OMB Control Number 3041-0128  
Expiration Date 8/31/2008

1 Was your inquiry responded to in a timely manner?

Additional Comment

2 Was the information clear?

3 Was the information supplied useful?

Additional Comment



4 The Product Safety Expert who contacted you was knowledgeable.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

5 The Product Safety Expert who contacted you was courteous.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

6 The time to receive a response was adequate.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

7 How satisfied are you with your experience?

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

8 How did you contact the Consumer Product Safety Commission?

9 Was this the first time you contacted the Consumer Product Safety Commission?

YES  NO

10 Was your inquiry related to a small business?

Yes	No	Do not know
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

11 About how many employees work in your organization?



12 What term would best describe your organization?



13 Do you have any comments that would allow us to better assist firms who use the Ombudsman program?



OMB Control Number 3041-0128 Expires 8/31/08



Survey Page 1



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

Date

Name  
Address  
City, State Zip

Greeting Line

You recently received a survey concerning the Small Business Ombudsman program (SBO). Over the past few weeks, the Consumer Product Safety Commission (CPSC) has been conducting a survey of recent SBO users in an effort to rate the program. If you have already filled out and returned the survey we thank you for your time and input. If you have not done so, we ask that you take a few moments to complete the survey now.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact *Employee Name* at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you in advance for your cooperation,

NANCY A. NORD  
*Acting Chairman*  
*U.S. Consumer Product Safety Commission*



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

**Small Business Ombudsman Telephone Survey**

Hello, my name is *Employee Name*. I am calling on behalf of the U.S. Consumer Product Safety Commission's Office of Budget, Planning and Evaluation. We are doing a customer satisfaction survey about our Small Business Ombudsman. May I ask you a few questions that will take only a few minutes of your time?

At this time I am required to tell you that the OMB control number for this survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded.

Also, all responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

1. Was your inquiry responded to in a timely manner?
  - Yes
  - No
  
2. Was the information clear?
  - Yes
  - No
  
3. Was the information supplied useful?
  - Yes
  - No
  
4. The Product Safety Expert who contacted you was knowledgeable.
  - Strongly Agree
  - Agree
  - Undecided
  - Disagree
  - Strongly Disagree



**U.S. CONSUMER PRODUCT SAFETY COMMISSION**  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

**5.** The product safety expert who contacted you was courteous.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

**6.** The time to receive a response was adequate.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

**7.** How satisfied are you with your experience?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Not Satisfied

**8.** How did you contact the Consumer Product Safety Commission?

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**9.** Was this the first time you contacted the Consumer Product Safety Commission?

- Yes
- No



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

**10.** Was your Inquiry related to a small business?

- Yes
- No
- Do not know

**11.** About how many employees work in your organization?

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---

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**12.** What term would best describe your organization?

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---

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**13.** Do you have any comments that would allow us to better assist firms who use the Ombudsman program?

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Thank you very much for your help. We appreciate you time.

## State Partners Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Sustain the high level of consumer satisfaction with the State Partners Program at 90% or better through the year 2010.	
<b>Background</b>	The State Partners program was established to promote Federal-State cooperation for the purpose of carrying out the Consumer Product Safety Act. Using CPSC funds and resources the program brings product safety services to consumers through cooperative programs with state and local governments and territories. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the program is meeting state and local needs.	
<b>Target Population</b>	All state, district and territorial contacts.	
<b>Data Source(s)</b>	A list of all state, district and territorial contacts provided by our Field Office.	
<b>Sampling Method</b>	All state, district and territorial contacts are included in the survey.	
<b>Sample Size</b>	54	
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 85%	
<b>Survey Method</b>	<b>E-mail and Fax</b> (Phone Follow-up as needed)	
<b>Procedure</b>	Participants will be contacted up to four times within several weeks. The first contact will be by e-mail and contain an opening remark from the Chairman requesting participation when the survey arrives. One week later, the questionnaire will be sent out in e-mail form. Ten days later a reminder fax will be sent to all participants who have not completed the survey. Ten days after the reminder fax a Thank You e-mail will go out to all participants. <b>NOTE:</b> In the rare case of a low response rate, the "Thank You/Reminder" letter will be replaced by a telephone follow-up.	
<b>Data Quality Checks</b>	Accuracy: A standard error of .02 Completeness: All appropriate goals and standards were measured. Consistency: Standardized questionnaire and procedures. Timeliness: Survey done in FY09 for FY09 goal.	
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who replied to "In general, how satisfied are you with the way the State Partners program works?" with either "Very Satisfied" or "Satisfied" was:  88%	
<b>Data Limitations</b>	List of contacts not standardized; some states have one state designee who is appointed by the governor while others states have various contacts working separately or collectively.	
<b>Attachments</b>	Pre-notice e-mail E-mail containing survey link Internet Survey	Fax Reminder Thank You e-mail Telephone Follow-up

## Pre-notice E-mail

Hello! My name is *Employee Name* from the U.S. Consumer Product Safety Commission. The U.S. Consumer Product Safety Commission is committed to our state and local Partners in Safety. In the next few days I will be sending you a survey about our State Partners service. We are asking for your help to understand how well our State Partners service is meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The survey should arrive in a few days with OMB control number 3041-0128. If you can not locate an OMB control number on the survey then it is not an official government survey and should be disregarded. If you have any questions please contact me, *Employee Name*, at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Sincerely,

Employee Name  
Office of Planning, Budget and Evaluation  
U.S. Consumer Product Safety Commission  
(301) 504-XXXX  
[Employee@cpsc.gov](mailto:Employee@cpsc.gov)

OMB Control # 3041-0128  
Expires 08/31/2008



## E-mail Containing Survey

Hello! My name is *Employee Name* from the U.S. Consumer Product Safety Commission. We are conducting a survey about our State and Local program. Your help will help us to understand how well our State Partners service is meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact me, *Employee Name*, at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Sincerely,

Employee Name  
Division of Planning, Budget and Evaluation  
U.S. Consumer Product Safety Commission  
[Employee@cpsc.gov](mailto:Employee@cpsc.gov)

OMB Control # 3041-0128  
Expires 08/31/2008



## U.S. CONSUMER PRODUCT SAFETY COMMISSION STATE PARTNERS SURVEY 20XX

Welcome to the CPSC State Partners Program Survey. This survey is part of our continuing effort to provide the best and most efficient service for our customers. Please take a few moments to answer the following questions and click the submit button at the end of the survey.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at Employee@cpsc.gov.

Thank you for your cooperation,

Nancy A. Nord  
Acting Chairman

OMB Control Number 3041-0128  
Expiration Date 8/31/2008

1 Does your State participate in CPSC's State & Local Program?

YES

NO

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SUBMIT

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## U.S. CONSUMER PRODUCT SAFETY COMMISSION STATE PARTNERS SURVEY 20XX

2 Which programs do you participate in below?

- Recall Effectiveness Checks
- In-depth investigations
- Poison Prevention Packaging Act Program
- Home/ Senior Safety Consultations
- Child Care Safety Consultations
- Fire Data Collection
- Recall Round-Up
- Resale Round Up Campaigns
- State & Local Workshops and Conferences
- Information and Education initiatives
- Other

3 When requested, does CPSC assist you to promote product safety initiatives in your State?

- Yes
- No
- Do not know

4 Have you found that having a local CPSC contact is helpful in accomplishing State consumer product safety objectives?

Very Helpful	Helpful	Neutral	Not very helpful	Not helpful
1	2	3	4	5

5 Do you feel that your partnership with CPSC helps to eliminate duplication of effort involving product safety activities? (i.e. product safety investigations, recall checks, and product safety news release, other activities)

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

6 Is your local CPSC contact responsive to your requests for product recall notices and education materials?

All the time	Most of the time	Neutral	Some of the time	None of the time
1	2	3	4	5

7 Are you satisfied with the information you receive from CPSC such as State & Local list serve messages and the Neighborhood Safety Network?

Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 Are you satisfied with the number of joint activities CPSC initiates?

Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION STATE PARTNERS SURVEY  
20XX**

9 Overall, how satisfied are you with the relationship between CPSC and your State/Territory?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 Have can CPSC better assist your State in promoting consumer product safety?

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# fax t r a n s m i t t a l



EMPLOYEE NAME  
OFFICE OF PLANNING, BUDGET AND EVALUATION  
U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 East West Highway  
Bethesda, MD 20814-4408  
tel (301) 504-XXXX  
fax (301) 713-XXXX  
email: [employee@cpsc.gov](mailto:employee@cpsc.gov)

to:	
fax #:	
date:	
re:	State-Partners Survey
pages:	4 including this cover sheet

The U.S. Consumer Product Safety Commission is conducting a customer satisfaction survey about our State Partners program. Your responses will be used to help us understand how well our services are meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact Employee Name at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Thank you for your help.

Nancy A. Nord  
Acting Chairman  
U.S. Consumer Product Safety Commission

## Thank You E-mail

A few weeks ago we e-mailed you a questionnaire seeking your opinion about our State Partners service. If you have already completed the survey, thank you for your time and input. If you have not completed the questionnaire, please do so today. We are especially grateful for your help because we believe that your response will be very useful in understanding how well we are meeting your needs.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

The OMB control number for this particular survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded. If you have any questions please contact me, *Employee Name*, at (301) 504-XXXX or via e-mail at [Employee@cpsc.gov](mailto:Employee@cpsc.gov).

Sincerely,

Employee Name  
Division of Planning, Budget and Evaluation  
U.S. Consumer Product Safety Commission  
[Employee@cpsc.gov](mailto:Employee@cpsc.gov)

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## STATE PARTNERS TELEPHONE SURVEY

Hello, my name is *Employee Name*. I am calling on behalf of the U.S. Consumer Product Safety Commission's Office of Budget, Planning and Evaluation. We are doing a customer satisfaction survey about our State Partners Program. May I ask you a few questions that will take only a few minutes of your time?

At this time I am required to tell you that the OMB control number for this survey is 3041-0128. You should be able to locate an OMB control number on any official government survey; otherwise the survey should be disregarded.

Also, all responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

**1. Does your State participate in CPSC's State & Local Program?**

- Yes
- No, skip to Question 9

**2. Which programs do you participate in below?**

- Recall Effectiveness Checks
- In-depth investigations
- Poison Prevention Packaging Act Program
- Home/ Senior Safety Consultations
- Child Care Safety Consultations
- Fire Data Collection
- Recall Round-Up
- Resale Round Up Campaigns
- State & Local Workshops and Conferences
- Information and Education initiatives
- Other

3. When requested, does CPSC assist you to promote product safety initiatives in your State?
- Yes
  - No
  - Do not know
4. Have you found that having a local CPSC contact is helpful in accomplishing State consumer product safety objectives?
- Very Helpful
  - Helpful
  - Neutral
  - Not very helpful
  - Not helpful
5. Do you feel that your partnership with CPSC helps to eliminate duplication of effort involving product safety activities? (i.e. product safety investigations, recall checks, and product safety news release, other activities)
- Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
6. Is your local CPSC contact responsive to your requests for product recall notices and education materials?
- All the time
  - Most of the time
  - Neutral
  - Some of the time
  - None of the time
7. Are you satisfied with the information you receive from CPSC such as State & Local list serve messages and the Neighborhood Safety Network?
- Very Satisfied
  - Satisfied
  - Undecided
  - Dissatisfied
  - Very Dissatisfied



- 8.** Are you satisfied with the number of joint activities CPSC initiates?
- Very Satisfied
  - Satisfied
  - Undecided
  - Dissatisfied
  - Very Dissatisfied

- 9.** Overall, how satisfied are you with the relationship between CPSC and your State/Territory?
- Very Satisfied
  - Satisfied
  - Neutral
  - Dissatisfied
  - Very Dissatisfied

**10.** How can CPSC better assist your State in promoting consumer product safety?

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Thank you very much for your help. We appreciate you time.

## Web Site Survey

<b>Goal</b>	<u>Strategic/Annual</u> : Sustain the high level of consumer satisfaction with the Web site at 90% or better through the year 2010.
<b>Background</b>	The CPSC Web site is a critical source for the public to view information about recalled products, report unsafe products, request and download information and submit inquiries to CPSC professional staff in a timely manner. With the maturity and significant increase in the use of the internet as a communications tool, customer satisfaction with the CPSC Web site is one of the organization's service quality and satisfaction goals cited in the CPSC Strategic Plan. The purpose of the survey is to measure the strategic/annual goal as well as to measure how well the Web site is fulfilling its potential.
<b>Target Population</b>	All CPSC Web site users
<b>Data Source(s)</b>	Everyone who contacts the Web Site during the survey.
<b>Sampling Method</b>	A ten week period in which all Web site users are included in the survey.
<b>Sample Size</b>	1,000
<b>Prior Survey Response Rate</b>	(Number of Respondents)/(Sample Size) 69%
<b>Survey Method</b>	<b>Web-based</b>
<b>Procedure</b>	Upon visiting the CPSC Web site, all visitors are prompted about the opportunity to voluntarily participate in an on-line survey about the Web site.
<b>Data Quality Checks</b>	Accuracy: A standard error of .02 Completeness: Questions covered all appropriate goals and customer service standards. Consistency: Standardized questionnaire and procedures. Timeliness: Survey completed in FY09 for FY09 goals/standards.
<b>Prior Survey Performance Indicator</b>	The proportion of respondents who indicated either "satisfied" or "very satisfied" when asked "How Satisfied were you with the CPSC Web site?" was:  94%
<b>Data Limitations</b>	Sampling restricted to portion of fiscal year.
<b>Attachments</b>	Internet Survey



## U.S. CONSUMER PRODUCT SAFETY COMMISSION WEB SITE SURVEY 20XX

Welcome to the CPSC Web site Survey. This survey is part of our continuing effort to provide the best and most efficient service for our customers. Please take a few moments to answer the following questions and click the submit button at the end of the survey.

All responses to our questionnaire are both voluntary and anonymous. The information being collected will always be presented as a whole, with no individual responses being identified. Completing the survey only takes a couple of minutes and will help us evaluate how well our services are meeting the public's needs.

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Thank you for your cooperation,

Nancy A. Nord  
Acting Chairman

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1 How did you hear about the CPSC Web site? (Check all that apply)

- Television
- Radio
- Newspaper
- Publication
- Web search
- Link from another site
- Other, please specify

2 How frequently do you access the CPSC Web site?

- First time
- Rarely
- Sometimes (monthly to yearly)
- Often (daily to weekly)

3 How do you typically access the Internet?

- Dial-up modem
- Direct Connection (T1, cable modem, DSL, etc.)
- Other- Don't know

4 For your most recent visit to the CPSC Web site did you... (Check all that apply)

- Get product safety or recall information
- Report an injury, death or unsafe product
- Ask to be put on an e-mail subscription list
- Apply for a job
- Other (Please specify)

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**U.S. CONSUMER PRODUCT SAFETY COMMISSION WEB SITE SURVEY 20XX**

5 Ability to find what you were looking for.

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
1	2	3	4

6 Ability to navigate around the web site.

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
1	2	3	4

7 Web page load time.

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 Web site design/layout

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 Usefulness of the information

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 Overall how satisfied were you with the CPSC Web site?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 Do you have any comments related to your responses above or is there anything you would like to tell us about the CPSC Web site?

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