Attachment D4

Control Group Follow Up Call

**Form Approved**

 **OMB No. 0920-XXXX Exp. Date: \_\_\_**

**Control Group, Follow up Call Script (To be read to control group 5 months after the first interview**.

***Hello, Is Mr. XX there?*** ***[Mr. XX is the person you talked to previously]***

***If Mr. XX is not at work then find out when he will be at work and call again.***

***If Mr. XX is no longer at that worksite, then ask if there is anyone else they could talk with the authority to make safety and health changes in the business and call that person.***

 ***If Mr. XX or someone in authority to make changes is on the phone then say***:

 My name is YY and I am calling back on behalf of the National Institute for Occupational Safety and Health or NIOSH, and the wood pallet association. The Institute primarily conducts research; we are not regulatory and cannot fine your company--we are located in the Department of Health and Human Services and not the Department of Labor. We are in partnership with the National Wood Pallet and Container Association to develop educational materials to help improve safety and health in the pallet manufacturing businesses. Five months ago I asked you (your company) some questions about occupational safety and health at your business. Now it is time for some follow-up.

I’m required to remind you that, as was discussed 5 months ago, besides helping NIOSH researchers to develop a program to reduce injuries in the wood pallet industry, there are no further benefits from participating in the study. A risk of participation might involve the accidental disclosure of your responses to members outside the research team. These

risks will be minimized by the replacement of your name with a numeric code accessible

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Public reporting burden of this collection of information is estimated to average 9 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: OMB# (0920-XXXX).**

only to the investigator. I want to remind you that your participation is voluntary and your responses will be protected by the Federal Privacy Act; data will be treated in a secure manner unless otherwise compelled by law. There are no consequences to not participating in this study. This is an OMB approved data collection and the OMB number for this project is 0*920-XXXX*. NIOSH operates under authority of part 20(a)(1) of the Occupational Safety and Health Act (29.U.S.C. 669), which allows us to conduct research. Feel free to contact the project officer, Robert Malkin, at 513-533-8375 if you have any questions about the study.

Upon completion of the questionnaire, I will send you a free copy of our educational/informational manual about occupational safety and health in the pallet manufacturing industry as well as some posters you can use with your employees.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study Id# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What business organizations are you a member of, such as the National Wood Pallet and Container Association and Chamber of Commerce? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. On a scale of 1 to 4, please tell me how valuable it is for a small business owner to have a safety and health program with 1 being the least valuable and 4 being the most valuable.

3. Do you have a safety and health program at your business now that consists of a written program that discusses prevention and control of hazards, safety and health meetings with the employees, and contains safety and health instructions for employees?

 Yes\_\_\_ No \_\_\_

 ***If yes*,** *ask*

 3A. How often does the safety and health program meet?

 ***Suggestions*** *for interviewer*

 *a. Daily quick talks \_\_\_\_\_\_\_\_\_\_# of minutes*

 *b. Weekly toolbox talks \_\_\_\_\_\_\_\_\_\_# of minutes*

 *c. Monthly meetings \_\_\_\_\_\_\_\_\_\_# of minutes*

*­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ d. Once a year meetings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *e. Other (please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If yes*,** *ask*

3B. Who conducts the safety and health program with the employees?

\_\_­\_\_\_\_\_\_ *(****suggestions for interviewer****)*

 *a. Owner or manager of the company*

 *b. Safety and health professional I hire*

 *c. Senior worker*

 *d. My insurer or workers’ compensation rep*

 *e. Equipment or manufacturers’ representative*

 *f. Other; Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 ***If no*** *then ask*:

3C. Do you have meetings for your employees just to discuss safety and health issues but do not have a written safety & health program? ­­

 Yes\_\_\_ No \_\_\_

4. Where do you get most of your safety and health information now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(suggestions for interviewers)***

 *a. from tool and material suppliers*

 *b. from insurance companies or Workers’ Compensation Safety materials*

 *c. I received it from friends or colleagues*

 *d. I learned about it at conventions or workshops*

 *e. I created it myself*

 *f. other. Please describe* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What safety and health information do you give new employees now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Suggestions for interviewer)***

 *a. nothing*

 *b. I have someone show them how things work*

 *c. a special program for new employees*

*Find out what the program consists of-is it run by the owner, another employee, contractor. Does it have a written curriculum?*

 *d. the same program as other employees-find out what that is*

 *e. I teach them myself personally*

6. Has your company had any on the-job-injuries in the past five months?

 Yes\_\_\_ No \_\_\_

 ***If yes:***

 a. how many? \_\_\_\_\_\_\_\_\_\_\_

 b. what was the nature of the injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Which of the following statements best describes your feelings today regarding starting a safety and health program? \_\_\_\_\_\_\_\_\_

 ***(read choices)***

a. I haven’t thought about it at all.

b. I am thinking about starting a new safety and health program in the next 6 months.

c. I am preparing to put a new safety and health program into place in the next 30 days.

d. I have already started a new safety and health program within the past 6 months.

e. My safety and health program is fine and I do not feel the need to change.

*Interviewer-- if the respondent answered* ***positively to either statements b, c or d,*** *then ask one of the following questions:*

***If yes to statement b, then ask****:*

*What prompted you to think about a new safety and health program*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If yes to statement c, then ask****:*

*Why are you intending to put a new program in place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please briefly describe what your new program may include. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***If yes to statement d, then ask***:

Briefly describe the changes you’ve made. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What prompted you to make those changes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What types of safety equipment are your employees required to use and where are they required to use them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Suggestions for interviewer***

*a. hearing protection devices (earplugs) when using nail guns*

*b. hearing protection devices when using saws or other noisy tools*

*c. safety lenses*

9. Do you have a hearing conservation program at your business now? Yes\_\_\_ No \_\_\_

 ***If yes, ask if you:*** monitor noise levels at your business? Yes\_\_\_ No \_\_\_

 test the hearing of your employees? Yes\_\_\_ No \_\_\_

10. Approximately what percent of the saws at your company are equipped with local exhaust ventilation now? \_\_\_\_\_\_\_\_\_\_\_%

***For interviewer***, *local exhaust ventilation is an exhaust pipe located next to the saw blade.*

11. What have you done to control carbon monoxide emissions in the past 5 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Suggestions for interviewer***

 *bought an electric forklift*

*improved ventilation*

*limited the idling time of forklifts*

Finally, I’d like your opinion about these statements. Please say whether you

 **1 = disagree a lot
 2 = disagree a little
 3= agree a little**

 **4= agree a lot**

|  |
| --- |
|  |
| **1.** | A safety and health program will decrease injury in my business. |  |
| **2** | A safety and health program will cost too much money. |  |
| **3.** | A safety and health program will lower my workers’ compensation costs. |  |
| **4.** | Good safety practices will increase productivity at my business. |  |
| **5.** | The cost of production will decrease as a result of safety education.  |  |
| **6.** | Safety and health education will make my employees more aware of properly using saws and forklifts.  |  |
| **7.** | Safety and health knowledge will improve relations with my employees. |  |
| **8.** | Safety and health education will result in more workers’ compensation claims. |  |
| **9.** | Safety and health education will make employees more dissatisfied with their job.  |  |

Is there anything else that we haven’t asked that you might like to share with me?

Thank you for your time. You will receive the educational manual and the flip-chart of posters for your employees in the mail shortly.