

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH



**Health Hazard Evaluation Survey  
One Year Later**

The National Institute for Occupational Safety and Health (NIOSH) conducts surveys of people with whom we have communicated in conducting work place evaluations. Thank you for responding to the previous survey(s). Now, we are asking ***your thoughts about the NIOSH evaluation and its effects*** approximately one year after its conclusion. Please help us by filling out this survey form. Please give your ***candid*** answers to the survey questions. We will use this information to help improve our procedures and reports and to learn about the effects of NIOSH evaluations in reducing and preventing work-related illness and injury.

Your responses will be kept in a secure manner according to applicable laws. Our reports will include only summary information and will not identify you in any way.

Please mail completed surveys to NIOSH in the postage paid envelope. If you have any questions or concerns, please call Barbara Jenkins at 513-458-7132.

**Thank you!**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0260).

**STATEMENT OF AUTHORITY:**

Sections 20(a)(3–6) of the Occupational Safety and Health Act (29 USC 669(a)(6–9), and Section 501(a)(11) of the Federal Mine Safety and Health Act (30 USC 951(a)(11)). The identity of the participant will be protected under provisions of the Privacy Act (5 USC). The voluntary cooperation of the participant is required.

## NIOSH Health Hazard Evaluation Survey: One Year Later

This survey asks what has happened at the work place in the year since NIOSH completed the health hazard evaluation.

Please fill in circles completely like this: ●

|  |  |
|--|--|
| <p>1. Do you think there is a health hazard at the work place <b>now</b>?</p>  | <p> <input type="radio"/> no hazard<br/> <input type="radio"/> yes, a mild hazard<br/> <input type="radio"/> yes, a moderate hazard<br/> <input type="radio"/> yes, a severe hazard<br/> <input type="radio"/> don't know         </p> |
| <p>2. Do you think NIOSH helped make things better at the work place?</p>  | <p> <input type="radio"/> yes<br/> <input type="radio"/> no<br/> <input type="radio"/> don't know<br/> <input type="radio"/> nothing needed to change         </p>   |
| <p>3. <b>If yes to item 2</b>, please describe the positive changes.</p>   |  |
| <p>4. If NIOSH suggested contacting another agency or organization for assistance, did you or anyone else do that?</p> | <p> <input type="radio"/> yes<br/> <input type="radio"/> no<br/> <input type="radio"/> don't know<br/> <input type="radio"/> no suggestion was made         </p>   |

### NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations NIOSH made are printed in the left column below.  
Please mark one response for each item and explain in the box on the right.

| Recommendation | Has action been taken?  | Please explain your response |
|----------------|---|------------------------------|
| 5A.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5B.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5C.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5D.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5E.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |

### NIOSH Health Hazard Evaluation Survey: One Year Later

| Recommendation | Has action been taken?  | Please explain your response |
|----------------|---|------------------------------|
| 5F.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5G.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5H.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5I.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |
| 5J.            | <input type="radio"/> yes<br><input type="radio"/> no<br><input type="radio"/> don't know |                              |

### Assessment of the Evaluation

|  |   |
|--|---|
| 6. What is your overall impression of the NIOSH health hazard evaluation?  | <input type="radio"/> excellent<br><input type="radio"/> good<br><input type="radio"/> fair<br><input type="radio"/> poor   |
| 7. Please <b>print</b> here any comments that you have about the NIOSH health hazard evaluation.   |   |
| 8. Did <b>you</b> request the health hazard evaluation?  | <input type="radio"/> yes<br><input type="radio"/> no   |
| 9. Which <b>one</b> of the following <b>best</b> describes your position now?  | <input type="radio"/> no longer associated with the work place<br><input type="radio"/> management<br><input type="radio"/> health and safety staff<br><input type="radio"/> union representative<br><input type="radio"/> supervisory employee<br><input type="radio"/> nonsupervisory employee<br><input type="radio"/> government health/safety agent<br><input type="radio"/> consultant<br><input type="radio"/> other - please describe:<br><input type="radio"/> _____ |
| <p><b>Thank you for taking the time to fill out this survey. We appreciate your cooperation. Please send this form in the enclosed envelope to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.</b></p> |   |