

ATTACHMENT C
EMPLOYER SCREENER
(PHASES I AND II)

**NIOSH Workforce Assessment
Employer Survey Establishment Screener (May 2010)**

Hello, my name is _____, and I'm calling on behalf of the National Institute for Occupational Safety and Health, an agency of the U.S. Centers for Disease Control and Prevention.

Q1. Have I reached (SAMPLED ESTABLISHMENT)?

- YES (PRIMARY NAME MATCH)..... 1 (Q4)
- YES (SECONDARY NAME MATCH)..... 2 (Q4)
- ESTABLISHMENT CHANGED NAME..... 3
- NO, ANOTHER ESTABLISHMENT..... 4
- RESIDENCE ONLY..... 5 (Q4)

**Q2. What is the name of your business (or organization)?
[VERIFY SPELLING OF BUSINESS NAME.]**

NAME: _____
RESIDENCE ONLY..... 5 (Q4)

**Q3. In this (business/organization) the same as (SAMPLED ESTABLISHMENT)?
[IF NECESSARY: Do you consider it the same (business/organization)?]**

- YES..... 1
- NO..... 2

[IF ESTABLISHMENT NAME CHANGED AND ESTABLISHMENT IS THE SAME AS SAMPLED ESTABLISHMENT (Q1 = 3 AND Q3 = 1) RECORD NAME]

NEW ESTABLISHMENT NAME: _____

Q4. Are you located at (SAMPLED ESTABLISHMENT ADDRESS)?

- YES..... 1
- NO..... 2

**[IF THIS IS A RESIDENCE OR ORGANIZATION OTHER THAN SAMPLED ESTABLISHMENT, ASK Q5. IF SAMPLED ESTABLISHMENT BUT DIFFERENT ADDRESS,
SKIP TO Q6. OTHERWISE, SKIP TO Q9]**

Q5. Do you know what happened to (NAME OF SAMPLED ESTABLISHMENT)?

- YES, IT CLOSED/OUT OF BUSINESS 1 (END)
- YES, IT MOVED 2 (Q8)
- YES, SOMETHING ELSE 4 (Q8)
- NO/DON'T KNOW 3 (END)

Q6. Does (SAMPLED ESTABLISHMENT) have an office at (SAMPLED ADDRESS)?

- YES..... 1
- NO 2 (Q8)

Q7. Can you give me the telephone number for (SAMPLED ESTABLISHMENT) for that location?

(____) _____ (END)

Q8. Do you know the phone number or address of (SAMPLED ESTABLISHMENT)?

[VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]

PHONE NUMBER: (____) _____

ADDRESS: _____ (END)

Q9. I need to speak to someone who can who can tell us if there are any people at this location whose jobs specialize in worker safety and health. Can you give me the name and phone number of someone I can talk to about this (perhaps someone in your Human Resources department, or an office manager)?

(IF NECESSARY: We mean people whose jobs involve protecting workers from things such as workplace injuries, occupational diseases, exposure to harmful chemicals or radiation, or that help workers recover from such events. These could be safety professionals, industrial hygienists, occupational health nurses and physicians, ergonomists, health physicists, and so on.)

[VERIFY PHONE NUMBER AND SPELLING OF NAME]

NAME: _____

PHONE NUMBER: (____) _____ EXT.: _____

Q9a. Can you please connect me with this person?

YES..... 1
NO..... 2 (END)

Q10. (Hello, my name is _____, and I'm calling on behalf of the National Institute for Occupational Safety and Health, an agency of the U.S. Centers for Disease Control and Prevention. We are preparing for an important nationwide study regarding the occupational safety and health workforce.) Are there any people at this location, (SAMPLED STREET ADDRESS), whose jobs specialize in worker safety and health?

(IF NECESSARY: We mean people whose jobs involve protecting workers from things such as workplace injuries, occupational diseases, exposure to harmful chemicals or radiation, or that help workers recover from such events. These could be safety professionals, industrial hygienists, occupational health nurses and physicians, ergonomists, health physicists, and so on.)

YES..... 1
 NO..... 2 (END)

Q11. We would like to send some information regarding this study to the most senior person whose job involves worker safety and health at this location. Could I please have the name, telephone number, and email address of this person?

(IF NECESSARY: We want to send this person a letter describing the study and asking him or her to participate by responding to a survey being done on the internet)

Q11a. [IF ONLY ONE NAME PROVIDED, ASK] Sometimes people who specialize in worker safety and health work in more than one department within a company. In order to get the most complete data possible for this location, is there another senior person we should contact for this study? Anyone else?

[VERIFY SPELLING OF NAME, PHONE NUMBER, AND EMAIL ADDRESS]

	PRIMARY CONTACT	SECONDARY CONTACTS	
NAME			
PHONE/EXT.			
EMAIL			

[Q12-Q12a WILL BE ASKED FOR BOTH PRIMARY AND SECONDARY CONTACT]

Q12. Is Mr/Mrs. (NAME) office located at (SAMPLED ESTABLISHMENT ADDRESS)?

YES..... 1 (END)
 NO..... 2

Q12A. Could you please tell me where he/she is located?

[VERIFY SPELLING]

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ (END)