

## **Health Hazard Evaluation Program**

### **Site Visit Followback Survey**

The National Institute for Occupational Safety and Health (NIOSH) surveys those who were involved with NIOSH health hazard evaluations. We would like to learn your thoughts about our evaluation thus far. Your survey responses will help us prevent work-related illnesses at your workplace and across the nation. 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. We will send you similar surveys after the health hazard evaluation has been completed.

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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; AITN: PRA (0920-0260).

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**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.

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## NIOSH Health Hazard Evaluation Survey: Site Visit

This survey asks your thoughts about the NIOSH health hazard evaluation thus far. Please fill in circles completely like this:



1. Do you think there is a **health hazard** at the work place **now**?

No hazard  
 Yes, a mild hazard  
 Yes, a moderate hazard  
 Yes, a severe hazard  
 I do not know

2. Before the site visit, did NIOSH keep you **well informed** of the health hazard evaluation plans?

Yes  
 No, I wanted to know more  
 No, but I did not need to know

3. Did NIOSH visit the workplace in a **reasonable time** after the health hazard evaluation request?

Yes  
 No  
 I do not know

4. During the site visit, were you fully able to **express the issues** as you see them?

Yes  
 No  
 I was not part of the site visit

5. At the end of the site visit, did NIOSH give a **satisfactory summary** of what they did?

Yes  
 No  
 I do not know

6. At the end of the site visit, how well did NIOSH describe the **future plans** for the health hazard evaluation?

Well  
 Not well  
 I do not know

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7. Do you think the NIOSH evaluation is <b>objective</b> thus far?	<input type="radio"/> Yes <input type="radio"/> No
8. Do you think the NIOSH evaluation is <b>thorough</b> thus far?	<input type="radio"/> Yes <input type="radio"/> No
9. How well do the recommendations made thus far <b>address the workplace concerns</b> ?	<input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> NIOSH did not make recommendations
10. Are the recommendations <b>practical</b> ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NIOSH did not make recommendations
11. What is your <b>impression</b> of the NIOSH health hazard evaluation thus far?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
12. Please write any <b>comments</b> you have about the NIOSH health hazard evaluation thus far.	
13. Are you still <b>associated with the workplace</b> that NIOSH is evaluating?	<input type="radio"/> Yes <input type="radio"/> No

## NIOSH Health Hazard Evaluation Survey: Site Visit

14. Would you prefer to get our future surveys by email?

Yes  
 No

If yes, please print your **email address** here:

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Please make any **corrections** to this label:

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Administrative area

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Please mail the completed survey to NIOSH in the enclosed postage paid envelope.

Call Barbara Jenkins at 513-458-7132 if you have questions about the survey.

Followback Survey Form 1A