

Attachment K:

One Year Later for HHEs without an On-site Evaluation-Followback Survey Cover Letter and Form

**Health Hazard Evaluation Program**

**Health Hazard Evaluation Survey  
*One Year Later***

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The National Institute for Occupational Safety and Health (NIOSH) surveys those who were involved with NIOSH health hazard evaluations. **Now, one year after the close of the evaluation, we would like to know whether action was taken at the workplace and if there have been positive changes.** Please give your **candid** answer to each question. Your survey responses will help us prevent and reduce work-related illnesses and injuries at workplaces 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.

**Thank you for taking the time to fill out this survey.**

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.



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).

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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: 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: ●

1. Do you think there is a <b>health hazard</b> at the workplace <b>now</b> ?	<input type="radio"/> No hazard <input type="radio"/> Yes, a mild hazard <input type="radio"/> Yes, a moderate hazard <input type="radio"/> Yes, a severe hazard <input type="radio"/> I don't know
2. Do you think NIOSH <b>helped make things better</b> at the work place?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Nothing needed to change
3. <b>If yes to Question 2</b> , please describe the <b>positive changes</b> .	
4. What is your <b>overall impression</b> of the NIOSH health hazard evaluation?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor

## NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations NIOSH made are printed in the left column below. First we ask about recommendations made to **Managers**, then about recommendations made to **Employees**. Please answer **all** of these questions. Please only mark **one** response for each question.

Recommendations to <i>Managers</i>	Was Action Taken?
5A.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5B.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5C.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5D.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5E.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5F.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased

## NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations to <i>Managers</i>	Was Action Taken?
5G.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5H.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5I.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5J.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5K.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
5L.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5M.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased



## NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations to <i>Managers</i>	Was Action Taken?
5N.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5O.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5P.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5Q.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5R.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5S.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
5T.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased



## NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations to <i>Employees</i>	Was Action taken?
6A.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
6B.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
6C.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
6D.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
6E.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased
6F.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> Not applicable now – the process ceased

## NIOSH Health Hazard Evaluation Survey: One Year Later

Recommendations to <i>Employees</i>	Was Action taken?
6G.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
6H.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
6I.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
6J.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
6K.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased
6L.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable now – the process ceased

## NIOSH Health Hazard Evaluation Survey: One Year Later

7. Please provide details about **actions taken or not taken** regarding the NIOSH recommendations.

8. Please provide any **comments** you have about the NIOSH health hazard evaluation.

4. Are you still **associated with the workplace** that NIOSH evaluated?

- Yes
- No

Administrative area

