

Attachment I:  
Year Later for HHEs with an On-site Evaluation-  
Followback Survey Cover Letter and Form

## Health Hazard Evaluation Program One Year Later 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).

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.**

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 or concerns about the survey.

### 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.



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

asks what has happened at the work place in the year since NIOSH completed the  
 d evaluation. Please fill in circles completely like this: ●

there is a <b>health hazard</b> at the work	<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 do not know
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NIOSH <b>helped make things</b> work place?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Nothing needed to change
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<b>Question 2</b> , please describe the <b>positive</b>	
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suggested <b>contacting another agency</b> <b>for assistance</b> , did you or anyone	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> NIOSH did not suggest this
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<b>overall impression</b> of the NIOSH d evaluation?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
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<b>associated with the workplace</b> that uated?	<input type="radio"/> Yes <input type="radio"/> No
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## Health Hazard Evaluation Survey: One Year Later

Recommendations NIOSH made are printed in the left column below.  
Please mark one response for each item.

	Was Action Taken?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased

# Health Hazard Evaluation Survey: One Year



Question	Was Action Taken?
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know <input type="radio"/> Not applicable now – the process ceased

Provide details about **actions taken or not taken** regarding the NIOSH recommendations.

Provide any **comments** you have about the NIOSH health hazard evaluation.

Administrative area