

Expiration Date:

Attachment H:

Closeout for HHEs with an On-site Evaluation-Followback Survey Cover Letter and Form

## Health Hazard Evaluation Program Final Report Followback Survey

National Institute for Occupational Safety and Health (NIOSH) surveys people who were involved in workplace health hazard evaluations. We would like to learn your thoughts about our evaluation. The information you provide will help us prevent work-related illness and injury 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. Approximately one year from now, we will send you one last survey, asking about implementation of the recommendations that we made.

### Thank you for completing 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.

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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 you are 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, Atlanta, Georgia 30333; ATTN: PRA (0920-0260).

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**STATEMENT OF AUTHORITY:**

Section 501(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 816(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: Final Report

Survey asks your thoughts about the health hazard evaluation NIOSH recently completed concerning workplace. Please fill in circles completely like this: ●

<p>Do you think there is a <b>health hazard</b> at the workplace <b>now</b>?</p>	<p> <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         </p>
<p>Have any of the recommendations that NIOSH made been <b>implemented</b>?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> I do not know         </p>
<p>Do you think NIOSH helped <b>make things better</b> at the workplace?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Changes were not needed         </p>
<p><b>“Yes” to Question 3 above</b>, please describe the <b>positive changes</b>.</p>	
<p>After the site visit(s), did NIOSH <b>keep you well enough informed</b>?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>
<p>Did NIOSH issue the final report in a <b>reasonable amount of time</b>?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> I do not know         </p>
<p>Did management <b>post the final report</b> so employees could see it?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> I do not know         </p>
<p>Did you <b>read</b> the final report?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No – <b>Skip to question 21</b> </p>
<p>Did the final report <b>fully address the issues</b> raised in the health hazard evaluation request?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> I do not know because I did not see the request         </p>

<b>NIOSH Health Hazard Evaluation Survey: Final Report</b>	
What is your overall impression of the <b>quality</b> of the final report?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
Do you think the final report is helpful?	<input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> Probably not <input type="radio"/> Definitely not
Do you understand the technical information in the final report?	<input type="radio"/> Yes, thoroughly <input type="radio"/> Yes, somewhat <input type="radio"/> Mostly not <input type="radio"/> I did not understand it
How useful is the Highlights section of the final report?	<input type="radio"/> Very useful <input type="radio"/> Somewhat useful <input type="radio"/> Not useful
How useful is the Summary section of the final report?	<input type="radio"/> Very useful <input type="radio"/> Somewhat useful <input type="radio"/> Not useful
How useful is the Occupational Exposure Limits and Health Effects section of the final report?	<input type="radio"/> Very useful <input type="radio"/> Somewhat useful <input type="radio"/> Not useful
Which best describes what you think NIOSH found?	<input type="radio"/> NIOSH found a health hazard <input type="radio"/> NIOSH did not find a health hazard <input type="radio"/> NIOSH did not decide whether there was a health hazard <input type="radio"/> The NIOSH findings were not clear to me
Overall, do you agree with the NIOSH findings?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I do not know – the NIOSH findings were not clear to me
Overall, do you think the NIOSH recommendations address the workplace concerns well?	<input type="radio"/> Yes <input type="radio"/> No
Overall, do you think the NIOSH recommendations are practical?	<input type="radio"/> Yes <input type="radio"/> No
What is your overall impression of the NIOSH health	

## NIOSH Health Hazard Evaluation Survey: Final Report

Hazard evaluation?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
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Would you request another NIOSH health hazard evaluation if you were concerned about a possible workplace health hazard?	<input type="radio"/> Yes <input type="radio"/> No
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Please write any **comments** you have about the NIOSH health hazard evaluation.

Are you <b>still associated with the workplace</b> that NIOSH evaluated?	<input type="radio"/> Yes <input type="radio"/> No
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Will you be part of <b>decision making</b> related to the NIOSH recommendations?	<input type="radio"/> Yes, I have final authority <input type="radio"/> Yes, somewhat <input type="radio"/> No, I will not be part of decision making
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Would you like to get our final survey by email?	<input type="radio"/> Yes <input type="radio"/> No
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If yes, please print your **email address** here: \_\_\_\_\_

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Administrative area

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

**NIOSH Health Hazard Evaluation Survey: Final Report**

ck Survey Form 2B