

1) Name of Business or Organization*:

_____ [FILL IN BLANK]

2) City/State and Zip code*:

_____ [FILL IN BLANK and DROP DOWN]

3) Industry*

_____ [DROP DOWN – See below]

4) Number of Workers Impacted*:

_____ [FILL IN THE BLANK]

5) Which safety and health program core elements did you include in your Safe + Sound Week activities? (Check all that apply) [CHECK BOX]

- Management Leadership
- Worker Participation
- Finding and Fixing Hazards

6) Participating in Safe + Sound Week had a positive impact on safety & health in my organization.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
[CHECK BOX]

Comments: _____ [FILL IN THE BLANK]

7) The resources provided on the Safe + Sound Week website were helpful in planning my events.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
[CHECK BOX]

Comments: _____ [FILL IN THE BLANK]

8) Tell us about your Safe + Sound Week experience. What did you do?

_____ [FILL IN THE BLANK]

9) What would improve your participation experience in the future?

_____ [FILL IN THE BLANK]

10) Would you like to share a quote about any successes, impacts, or outcomes related to your Safe + Sound Week activities?

_____ [FILL IN THE BLANK]

11) Are you interested in sharing more about your experience?

- Yes
- No

If yes, please provide contact information:

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

INDUSTRY DROP DOWN LIST

- Accommodation and Food Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Education Services
- Financial Activities
- Health Care and Social Assistance
- Information
- Manufacturing
- Mining
- Oil and Gas
- Professional and Business Services
- Public Administration
- Real Estate Rental and Leasing
- Trade (Wholesale/Retail)
- Transportation and Warehousing
- Utilities
- Other: _____