

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: _____