

Form Approved
OMB No.: 0920-0260
Expiration Date:



Followback Survey

Final Report – One Year Later

The National Institute for Occupational Safety and Health (NIOSH) surveys people involved with its health hazard evaluations. We want to learn about your workplace now and actions taken regarding our recommendations.

Your responses will be kept securely according to federal laws. Our reports include only summary information and will not identify you.

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 any 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).

NIOSH Health Hazard Evaluation Survey: One Year Later

This survey asks what has happened at the workplace in the year since NIOSH completed the health hazard evaluation. Please mark **one** response for each question, like this: ●

1. Do you think NIOSH **helped make things better** at the work place?

- Yes
- No
- Nothing needed to change

2. **If yes to Question 1**, please describe the **positive changes**.

3. Do you still **use, refer to, or discuss** the NIOSH letter?

- Yes
- No

4. Did the NIOSH evaluation **change your behaviors** about workplace health and safety?

- Yes
- No

5. If yes, please explain.

6. Did the NIOSH evaluation **change your thinking** overall about workplace health and safety?

- Yes
- No

7. If yes, please explain.

NIOSH Health Hazard Evaluation Survey: One Year Later

The recommendations that NIOSH made are in the left column below. First are the recommendations made to **Managers**, then those made to **Employees**. Please answer **all** of the questions, marking **one** response for each question.

| Recommendations to Managers | Was Action Taken? |
|------------------------------------|--|
| 8A. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8B. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8C. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8D. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8E. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8F. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |

NIOSH Health Hazard Evaluation Survey: One Year Later

| Recommendations to Managers | Was Action Taken? |
|------------------------------------|--|
| 8G. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8H. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8I. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8J. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8K. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8L. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8M. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |

NIOSH Health Hazard Evaluation Survey: One Year Later

| Recommendations to Managers | Was Action Taken? |
|------------------------------------|--|
| 8N. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8O. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8P. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8Q. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8R. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8S. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 8T. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |

NIOSH Health Hazard Evaluation Survey: One Year Later

| Recommendations to Employees | Was Action taken? |
|-------------------------------------|--|
| 9A. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9B. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9C. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9D. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9E. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9F. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |

NIOSH Health Hazard Evaluation Survey: One Year Later

| Recommendations to Employees | Was Action taken? |
|-------------------------------------|--|
| 9G. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9H. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9I. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9J. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9K. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |
| 9L. | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies |

NIOSH Health Hazard Evaluation Survey: One Year Later

10. Please provide details about **actions taken and not taken** regarding the NIOSH recommendations.

4/28/2014



Administrative area

