

BUREAU OF ENVIRONMENTAL PROGRAMS SURVEY 2019

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**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**



**Illinois Department of
 Agriculture**

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0261. The time required to complete this information collection is estimated to average 10 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. Response to this survey is **voluntary**.

This survey is an opportunity for you to tell us what you think of the job we are doing and how we might better serve you in the future. Please take the time to fill it out.

The Illinois Department of Agriculture (IDOA) is committed to delivering exceptional customer service to the people of Illinois. In an effort to improve our quality of service, please take a few minutes to share your experiences with the Agency and its services. Reflect on your experience with the Illinois Department of Agriculture Bureau of Agricultural Products Inspection within the past 12 months as you answer the following questions. Your opinion is important, we will benefit greatly from your participation in this survey.

If you have dealt with more than one bureau of the Department of Agriculture, then you may receive more than one questionnaire. Please respond to each of the surveys.

1. Why did you contact (or why were you contacted by) the **Bureau of Environmental Programs**? (Check all that apply.)
- | | |
|--|-----|
| a. Seek information..... | 101 |
| b. Obtain a license, permit or registration..... | 102 |
| c. Inspection..... | 103 |
| d. Fill out a report..... | 104 |
| e. Pay a fine..... | 105 |
| f. Complete a survey..... | 106 |
| g. Other (specify: _____)..... | 107 |

2. Please read the following statements about your level of satisfaction with the information and/or services you received from the **Bureau of Environmental Programs** in the past 12 months. For each question, circle the response, using the scale from 1 through 7, that best reflects your opinion about the following. If the comment does not apply, circle the response under **NA**.

		Not at all satisfied		Neutral			Extremely Satisfied		NA	
		1	2	3	4	5	6	7	8	
a.	How satisfied were you with the usefulness of the information and/or services you received from the Bureau ?	110	1	2	3	4	5	6	7	8
b.	How satisfied were you with the way you were treated by Bureau staff?	111	1	2	3	4	5	6	7	8
c.	How satisfied were you with the promptness of your transaction or response to your request?	112	1	2	3	4	5	6	7	8
d.	How satisfied were you with the staff member's knowledge of their job?	113	1	2	3	4	5	6	7	8
e.	How satisfied were you with the technical skills of the Bureau staff?	114	1	2	3	4	5	6	7	8
f.	How satisfied were you with the accuracy of information you received?	115	1	2	3	4	5	6	7	8
g.	How satisfied were you with the ease of reaching staff to answer inquiries?	116	1	2	3	4	5	6	7	8
h.	How satisfied were you with the ease of obtaining information?	117	1	2	3	4	5	6	7	8
i.	How satisfied were you with the recommendations?	118	1	2	3	4	5	6	7	8
j.	If you had a concern, how satisfied were you with the way the concern was resolved?	119	1	2	3	4	5	6	7	8
k.	How satisfied were you with the quality of the training you received from the Bureau ?	120	1	2	3	4	5	6	7	8
l.	How satisfied were you with the usefulness of the training materials of the Bureau ?	121	1	2	3	4	5	6	7	8

		Extremely unfair		Neutral			Completely fair		Don't know	
		1	2	3	4	5	6	7	8	
3.	In your opinion, how fair are the IDOA requirements and policies related to Environmental Programs ?	122	1	2	3	4	5	6	7	8

4. Please read the following statements about the **Illinois Department of Agriculture's Bureau of Environmental Programs**. Circle the response under the heading **Strongly disagree** to **Strongly agree** that reflects your opinion for each of the statements. If you have no opinion or don't know about an item, circle the response under **Don't know**.

		Strongly disagree		Neutral			Strongly agree		Don't know
		1	2	3	4	5	6	7	8
a. The Bureau puts a high value on serving the people of Illinois.	123								
b. The staff was courteous and professional.	124								
c. The staff adequately explained standards, regulations, and/or test results.	125								
d. The staff was responsive to my complaints.	126								
e. The inspector was consistent in following procedures.	127								
f. The staff are good partners and enhance my work.	128								
g. The Bureau was efficient in administering inspection procedures.	129								
h. The staff was well prepared to address my problems or concerns.	130								
i. Bureau regulations are documented in a clear and consistent way.	131								
j. The Bureau provides important training to people in my field.	133								
k. The IDOA web site provides useful and timely information. (http://www.agr.state.il.us/environment/)	134								

5. Compared to one year ago, do you believe the quality of services and/or information provided by the **Bureau of Environmental Programs** has:

138	Declined	<input type="checkbox"/>	1
	Stayed the same	<input type="checkbox"/>	2
	Improved	<input type="checkbox"/>	3
	Don't know	<input type="checkbox"/>	8

6. Please describe the **one most important change** that would increase your satisfaction with the quality of services and information provided by the **Bureau of Environmental Programs**:

7. Are you? (Check all that apply.)
- | | | | |
|------------------------------|-----------------------|--------------------------|---|
| <input type="checkbox"/> 135 | Agricultural producer | <input type="checkbox"/> | 1 |
| | Agribusiness owner | <input type="checkbox"/> | 2 |
| | Other (Specify _____) | <input type="checkbox"/> | 3 |

8. Was your contact with staff from the **Bureau of Environmental Programs** associated with:

- | | | | |
|------------------------------|--|--------------------------|---|
| <input type="checkbox"/> 139 | Livestock Management Facilities Program..... | <input type="checkbox"/> | 1 |
| | Agrichemical Facility Containment Program..... | <input type="checkbox"/> | 2 |
| | Lawn care Containment Program..... | <input type="checkbox"/> | 3 |
| | Pesticide Licensing Program..... | <input type="checkbox"/> | 4 |
| | Pesticide Product Registration Program..... | <input type="checkbox"/> | 5 |
| | Nursery Inspection Program..... | <input type="checkbox"/> | 6 |
| | Phytosanitary Certificate Program (Nursery)..... | <input type="checkbox"/> | 7 |
| | Other (specify: _____)..... | <input type="checkbox"/> | 8 |

9. How often do you have contact with staff from the **Bureau of Environmental Programs**? (check only one response)

- | | | | | | | |
|------------------------------|---------------------------|--------------------------|---|-------------------------|--------------------------|---|
| <input type="checkbox"/> 136 | At least once a week | <input type="checkbox"/> | 1 | Two times a year | <input type="checkbox"/> | 4 |
| | At least once a month | <input type="checkbox"/> | 2 | At least once per year | <input type="checkbox"/> | 5 |
| | About 3 or 4 times a year | <input type="checkbox"/> | 3 | Less than once per year | <input type="checkbox"/> | 6 |

10. How many years have you worked with staff from the **Bureau of Environmental Programs**?.....Number of years

THANK YOU FOR COMPLETING THIS SURVEY!!!

Please share any additional thoughts in the space provided below.

Return your completed questionnaire in the return envelope.

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