

**Attachment H: Assessment of Challenges in Vehicle and with Body Armor**  
(administered via tablet computer)

***Privacy Act Statement:***

This data collection is authorized by the Occupational Safety and Health Act of 1970. Disclosure of this information is voluntary and you may withdraw your consent and your participation in this study at any time without penalty or loss of benefits to which you are otherwise entitled. There are no effects on the individual for not providing any or all parts of the requested information. NIOSH will use this information to redesign LEO cruiser cabs and personal protective gear (such as body armors). More specifically, the data will be used in defining the adjustment range of seats and restraint systems and other safety features of the cab as well as in specifying improved sizing systems for protective gear. This information will be used by and disclosed to NIOSH personnel and contractors or other agents who need the information to assist in activities related to the redesign of LEO cruiser cabs and personal protective gear. The results of the study in a summary format will be disseminated to police vehicle manufacturers, manufacturers of law enforcement officer (LEO) safety equipment, and state police organizations. Additional dissemination of results will be reported in peer-reviewed journals and other transportation safety forums. All data shared will be de-identified prior to dissemination. This activity is covered under the Privacy Act System of Records Notice (SORN) Records of Subjects in Certification, Testing, Studies of Personal Protective Devices, and Accident Investigations, Privacy Act System Notice 09-20-0159, which can be found here: <https://www.cdc.gov/SORNnotice/09-20-0159.htm>.

***Burden Statement:***

Public reporting burden of this collection of information is estimated to average 5 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

How long is a normal (not overtime) shift?

How long do you spend in your vehicle during a normal shift?

How often (approximately) do you get in and out of your vehicle during that shift?

What make/model/year is the vehicle you use most often?

Please answer the remaining questions with respect to THAT vehicle and when you are wearing your body armor and duty belt.

Is the seat adjustment adequate? Y/N

If N, how should it be improved?

- More up/down adjustment needed
- More fore/aft adjustment needed

Are there specific areas of your body that are uncomfortable or painful at the end of a shift?

Y/N

If Y:

- Neck
- Shoulders
- Chest
- Abdomen
- Upper back
- Lower back
- Hips
- Knees
- Ankles
- Other:

Do you have neck pain from using the mobile data terminal (MDT)? Y/N

Can the location of the MDT be adjusted to your preference? Y/N

If No:

- Insufficient up/down range
- Insufficient fore/aft range
- No adjustment possible

If your vehicle has a permanently mounted radio, where is it located?

- Dashboard
- Console
- Ceiling
- Floor
- No permanently mounted radio

Which of the following do you carry on your duty belt?

- Handgun
- Radio
- Handcuffs
- Pepper spray
- Taser
- Flashlight
- Ammunition pouch
- Baton
- Key holder
- Disposable gloves
- Knife
- First Aid kit

Does any item on the duty belt cause pain or discomfort while you are seated in the vehicle?

Y/N

If Y:

- Handgun
- Radio
- Handcuffs
- Pepper spray
- Taser
- Flashlight
- Ammunition pouch
- Baton
- Key holder
- Disposable gloves
- Knife
- First Aid kit

Do you use a thigh/leg holster? Y/N

Do you use a seat belt extender? Y/N

Rate the comfort of your body armor (1 = very uncomfortable; 5 = very comfortable):

Rate the fit of your body armor (1 = extremely poor fit; 5 = excellent fit):

What areas of body armor fit should be improved?

Does the body armor cause discomfort or pain on particular areas of the body Y/N?

If Y:

- Neck/collar
- Underarm
- Chest
- Waist
- Hips
- Other:

Females: is your body armor specifically designed for females? Y/N