

Campaign Partner Feedback Form

1) Name of Organization* (*Fill in Blank*)

2) Partnering for the Safe + Sound Campaign was a positive experience for my organization.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
(*Check box*)

Comments: (*Fill in Blank*)

3) The Partner resources provided were helpful in communicating with my members/stakeholders.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
(*Check box*)

Comments: (*Fill in Blank*)

If you worked with OSHA to develop a safety information sheet for your membership/stakeholders, please respond to the following questions.

4) The process to develop the safety information sheet was a positive experience for my organization.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
(*Check box*)

Comments: (*Fill in Blank*)

5) The information fact sheet is a valuable resource for my membership/stakeholders.

Strongly Disagree 1 2 3 4 5 NA Strongly Agree
(*Check box*)

Comments: (*Fill in Blank*)

6) What communication channels did you utilize to share information about and encourage participation in the Safe + Sound Campaign? (*Select all that apply*) (*Check box*)

- | | |
|---|---|
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Print Media |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Calendar of Events |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Website Announcement |
| <input type="checkbox"/> Blog Post | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Email/Listserv | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> eNewsletter/Newsletter | <input type="checkbox"/> Other (<i>Fill in Blank</i>) |

Comments: (*Fill in Blank*)

7) Do you have any metrics about the number of members/stakeholders that were reached with these communications? (*Fill in Blank*)

8) What Campaign events or resources did you find to be of most interest to your stakeholders?

- Safe + Sound Week
- Live webinars
- Pre-recorded/on-demand webinars
- Materials developed in collaboration with your organization

- Monthly communications updates
- Local events
- Other (*Fill in Blank*)

9) Tell us about your Safe + Sound Campaign experience. What did you do? Please describe any successes or outcomes you have seen. (*Fill in Blank*)

10) What would improve your partnership experience in the future? Please be as specific as possible (e.g., specific resources or materials, communications with OSHA, NSC, NIOSH, ASSE, AIHA, CPWR, VPPPA). (*Fill in Blank*)

11) Are you interested in sharing more about your experience? (*Check box*)

- Yes
- No

OMB Control Number XXXX-XXXX

Expiration date: XX/XX/XXXX

PAPERWORK REDUCTION ACT

Public reporting burden for this voluntary collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate participation in Safe + Sound Week. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.