

Safe + Sound Week Event Feedback Form

- 1) Name of Business or Organization* *(Fill in Blank)*
- 2) Industry* *(Drop Down)*
- 3) Email Address* *(Fill in Blank)*
- 4) Did you participate in the U.S.?* *(Check box)*
 - Yes
 - No
- 5) City/State AND Zip Code *(Fill in Blank and Drop Down)*
- 6) City/Country *(Fill in Blank)*
- 7) How did you find out about the event?* *(Check all that apply) (Check box)*
 - Communication from industry/trade association
 - Communication from safety and health professional organization
 - OSHA QuickTakes
 - OSHA Website
 - Safe + Sound Campaign Email List Serv
 - National/Local/Trade Press
 - Social Media
 - I don't know/remember
 - Other *(Fill in Blank)*
- 8) Number of Workers Impacted* *(Fill in Blank)*
- 9) 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
- 10) 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
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(Check box)

Comments: *(Fill in Blank)*
- 11) 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
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(Check box)

Comments: *(Fill in Blank)*

12) Tell us about your Safe + Sound Week experience. What did you do? (*Fill in Blank*)

13) What would improve your participation experience in the future? (*Fill in Blank*)

14) Would you like to share a quote about any successes, impacts, or outcomes related to your Safe + Sound Week activities? (*Fill in Blank*)

15) Are you interested in sharing more about your experience?

Yes

No

If yes, please provide contact information:

Contact Name (*Fill in Blank*)

Contact Phone Number (*Fill in Blank*)

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.



SAFE + SOUND



HOME

STEP 1: SELECT YOUR ACTIVITIES

STEP 2: PLAN & PROMOTE YOUR EVENTS

STEP 3: RECOGNIZE YOUR PARTICIPATION

EVENT ARCHIVE

SAFE + SOUND CAMPAIGN SUPPORTERS

CONTACT US

Recognize your participation

Congratulations and thank you for participating in the inaugural Safe + Sound Week!

To download a Safe + Sound Week certificate of recognition and web badge for your organization's participation, please fill out the required information below. We also hope that you will help us by answering a few optional questions about your participation and giving us feedback on our efforts. Please note that you are not required to request a Safe + Sound Week certificate of recognition or web badge and that if you choose to do so, OSHA will not use the information or feedback you provide for any purpose other than evaluating Safe + Sound Week and planning future outreach efforts. Also note that the certificate of recognition and web badge do not represent an assessment of compliance with OSHA standards at your worksite(s).

If you experience issues with the certificate download, please try to refresh the webpage. If your issue is not resolved, please email safeandsoundcampaign@dol.gov for assistance.

Items marked * are required to download the Safe + Sound Week certificate of recognition and web badge.

1. Name of Business or Organization*:

2. City/State AND Zip Code*

3. Industry*

4. Number of Workers Impacted*:

 (Numbers only - field)

5. Which safety and health program core elements did you include in your Safe + Sound Week activities? *(Check all that apply)*

- 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
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 NA

Comments:

7. The resources provided on the Safe + Sound Week website were helpful in planning my events.

Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 NA

Comments:

OSHA Control Number: 0000-XXXX

Expiration date: 9/30/2024

PAPEWORK REDUCTION ACT

Public reporting burden for this 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 the information to evaluate participation in Safe + Sound Week. Reports are not required to respond to the collection of information unless it displays a control number. If you have any comments about this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, please send them to 0048-0048 at the U.S. Department of Labor, OSHA Directorate of Standards and Guidance, 1400, 200 Constitution Avenue, NW, Washington, DC 20355.



Requirements for the form:

- Question 1, 2, 3, 4, 7, 8 required for all responses.
- Industry drop down should include the following:

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: _____

- Question 5 required if answer "yes" to Question 4.
- Question 6 required if answer "no" to question 4.
- In Question 5, the "State" field will be a drop-down menu with full state and territory names.
- If Question 15 answered "yes", contact name and contact phone number required.