**Individual Information Collection Request**Under GSA's Generic Clearance: Improving Customer Experience - Implementation of Section 280 of OMB Circular A-11

OMB Control No. 3090-0321



## **OSHA** Annual VPP Participant Survey

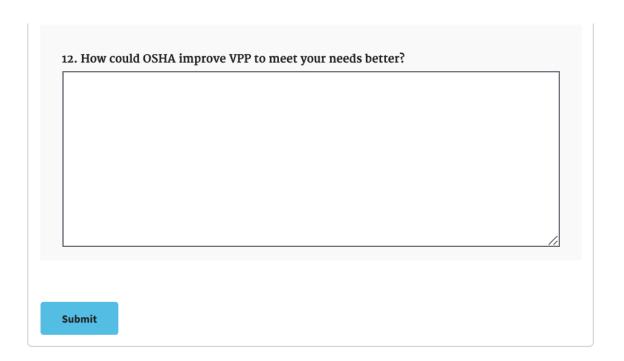
Process.	satisfied with the service received from OSHA during the VPP Re-approval
	• ongly Disagree
$\simeq$	agree
$\simeq$	utral
Agre	
$\simeq$	ongly Agree
O Sure	nigy Agree
2. My ex Occupat	rperiences in the Voluntary Protection Program have increased my trust in the cional Safety and Health Administration.
Stro	ongly Disagree
Disa	agree
Neu	utral
Agre	ee
Stro	ongly Agree
3. Anyth	ning you want to tell us about your scores above?
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## **OSHA Annual VPP Participant Survey**

← Back 4. Our organization's participation in the Voluntary Participation Program is valuable to us. Strongly Disagree Disagree Neutral Agree Strongly Agree 5. The information I needed to complete our re-approval was easy to find and understand. Strongly Disagree Disagree Neutral Agree Strongly Agree 6. It took a reasonable amount of time to arrange for the VPP re-approval on-site. Strongly Disagree Disagree Neutral Agree Strongly Agree 7. The information VPP will use to inspect our site and determine eligibility are clear. Strongly Disagree Disagree Neutral Agree Strongly Agree

	Strongly Disagree
$\times$	Disagree
$\times$	Neutral
$\times$	Agree
$\asymp$	Strongly Agree
9. H	ow many years have you been in VPP?
	3 or more
	5 or more
$\bigcirc$	10 or more
$\bigcirc$	15 or more
10. F	How often do you talk to your OSHA contact?
	Every Month
$\simeq$	3-4 Times a Year
$\preceq$	Once a Year
$\preceq$	Every 2-3 Years
$\overline{\bigcirc}$	Once Every 5 Years
11. V	Vhat do you usually talk to your OSHA contact about?
	Routine VPP-required reports, on-site evaluations, SGE activities, etc.
$\bigcirc$	Current Safety and Health Industry Issues/Questions
Ō	Site-Specific Concerns
	Outreach, Mentoring, or other VPP-Promotion/Education Activities



## **ADMINISTRATION DETAILS:**

The following will be displayed on this Touchpoints survey:

OMB Control No. 0690-0030, Expiration Date: XX/XX/XXXX