

**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

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SCREENSHOTS:



## OSHA New VPP Participant Survey

**1. I am satisfied with the service received from OSHA during the Voluntary Protection Program Application Process.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**2. This interaction increased my confidence in the Occupational Safety and Health Administration.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**3. Anything you want to tell us about your scores above?**



**1. This interaction increased my confidence in the Occupational Safety and Health Administration (OSHA).**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**2. The information I needed to complete our application was easy to find and understand.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**3. It took a reasonable amount of time to meet VPP application requirements and complete the VPP application process.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**4. The information VPP will use to determine eligibility for VPP are clear.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**5. OSHA's VPP staff were helpful in assisting us through the application process and on-site inspection.**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**6. Which OSHA Region? 1-10**

**7. VPP Status**

- Merit
- Star
- Conditional
- MWF

**8. Does the site fall under the OSHA PSM Standard?**

- Yes
- No

**9. NAICS Code**

**10. Number of Employees**

11. How did you first hear about VPP?

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Submit

**ADMINISTRATION DETAILS:**

The following will be displayed on this Touchpoints survey:

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