

NIOSH Health Hazard Evaluation Survey: One Year Later	
This survey asks what has happened at the work place in the year since NIOSH completed the health hazard evaluation. Please fill in circles completely like this: ●	
1. Do you think NIOSH helped make things better at the work place?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Nothing needed to change
2. If yes to Question 2 , please describe the positive changes .	
3. Do you still use, refer, to or discuss the NIOSH letter?	<input type="radio"/> Yes <input type="radio"/> No
4. Did the NIOSH evaluation change your behaviors about workplace health and safety?	<input type="radio"/> Yes <input type="radio"/> No
5. If yes, please explain .	
6. Did the NIOSH evaluation change your thinking overall about workplace health and safety?	<input type="radio"/> Yes <input type="radio"/> No
7. If yes, please explain .	

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The recommendations that NIOSH made are in the left column below. Please mark one response for each item.	
Recommendation	Was Action Taken?
8A.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8B.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8C.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8D.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8E.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8F.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8G.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies

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Recommendation	Was Action Taken?
8H.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8I.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8J.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies
8K.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know <input type="radio"/> No longer applies

9. Please provide details about **actions taken and not taken** regarding the NIOSH recommendations.

6/25/2014

Administrative area

Form Approved
 OMB No.: 0920-0260
 Expiration Date:



Followback Survey
Final Letter – One Year Later

The National Institute for Occupational Safety and Health (NIOSH) surveys people involved with its health hazard evaluations. We want to learn about your workplace now and actions taken regarding our recommendations.

Your responses will be kept securely according to federal laws. Our reports include only summary information and will not identify you.

Thank you for completing this survey.



Please mail the completed survey to NIOSH in the enclosed postage paid envelope.
 Call Barbara Jenkins at 513-458-7132 if you have any questions about the survey

Public reporting burden of this collection of information is estimated to average 15 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 (0920-0260).