

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 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 Strongly Agree
(*Check box*)

Comments: (*Fill in Blank*)

4) Rate your satisfaction with specific partner products and resources:

- Partner Communications/Resource Update Emails (*check box*)

Very Satisfied 1 2 3 4 5 Very Dissatisfied

- Safe + Sound Campaign Customized Product (*check box*)

Very Satisfied 1 2 3 4 5 Very Dissatisfied

- Partner Preview

Very Satisfied 1 2 3 4 5 Very Dissatisfied

- Safe + Sound Week Digital Toolkit (*check box*)

Very Satisfied 1 2 3 4 5 Very Dissatisfied

- Safe + Sound Campaign Partner Web Badge (*check box*)

Very Satisfied 1 2 3 4 5 Very Dissatisfied

Comments: (*Fill in the blank*)

5) 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"/> Website Announcement |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Conference/Trade show/Annual Meeting |
| <input type="checkbox"/> Blog Post | <input type="checkbox"/> Podcast |
| <input type="checkbox"/> Email/Listserv | <input type="checkbox"/> Video |
| <input type="checkbox"/> eNewsletter/Newsletter | <input type="checkbox"/> Other |
| <input type="checkbox"/> Print Media | |
| <input type="checkbox"/> Calendar of Events | |

Comments: (*Fill in Blank*)

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

7) What Campaign events or resources did you find to be of most interest to your stakeholders? *(Select all that apply) (Check box)*

- Safe + Sound Week
- Live webinars
- Pre-recorded/on-demand webinars
- Materials developed in collaboration with your organization
- Monthly communications updates
- Quarterly events (e.g. challenges)
- Local events
- Safe + Sound Campaign materials (e.g., Safety Walk-Arounds for Managers, Walk-Arounds for Safety Officer, Better Safety Conversations, Making Safety Personal, That Was No Accident!, 10 Easy Ways to Get Your Program Started, Safety and Health Program Trifold Brochure)
- Other

Comments *(Fill in Blank)*

8) Did you work with OSHA to develop resources for your membership/stakeholders? *(check box)*

- Yes
- No

9) If Yes to Q8, please respond to the following:

- The process to develop the resources was a positive experience for my organization. *(Check box)*

Strongly Disagree 1 2 3 4 5 NA Strongly Agree

Comments: *(Fill in Blank)*

- The resources are a valuable resource for my membership/stakeholders. *(Check box)*

Strongly Disagree 1 2 3 4 5 NA Strongly Agree

Comments: *(Fill in Blank)*

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

11) 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, ASSP, AIHA, CPWR, VPPPA). *(Fill in Blank)*

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

- Yes*
- No

* If yes, provide name and contact information (email/phone number)

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.