

## **Attachment 3a. Operator Survey**

# Aviation Safety and Health Survey for Operators

Q0 INSERT CONSENT FORM HERE

  

I agree to participate in this study.

I do not agree to participate in this study.

*Skip To: END of Survey IF Informed Consent = I do not agree to participate in this study.*

**This survey begins with a few questions about your air carrier operation.**

Q1 How many pilots does your company currently employ? Please include yourself if you also work as a pilot.

  
  

1

2

3 or more. How many? \_\_\_\_\_

*Display This Question:*

*If How many pilots does your company currently employ? = 1*

Q1a Do you hold a part 135 single pilot certificate?

  

Yes

No

*Skip To: Q2 IF Are you a single-pilot operator = No*

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-xxxx).

**(Start of Single-Pilot Operator Questions)**

*Display These Questions*  
*If Are you a single-pilot operator? = Yes*

Q2\_SPO How long have you operated this company? Please enter the number of months if less than 1 year.  
0 Years: \_\_\_\_\_  
0 Months: \_\_\_\_\_

**These first questions are about your aircraft.**

Q3\_SPO How many aircraft does your company operate?  
0 Number of aircraft: \_\_\_\_\_

Q4\_SPO Please list total flight hours and departures for all aircraft flown by your company in **YEAR** (both scheduled and unscheduled).

|                            | <b>YEAR</b>      |                    |
|----------------------------|------------------|--------------------|
|                            | <b>Scheduled</b> | <b>Unscheduled</b> |
| Total flight hours         |                  |                    |
| Instrument flight hours    |                  |                    |
| Total number of departures |                  |                    |

Q5\_SPO How many of your company aircraft have the following types of equipment? Please rate each type as very helpful, somewhat helpful, or not at all helpful to flight safety in Alaska.

**\*If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

|  | Number of Aircraft<br># | <u>Helpfulness</u> |                  |              |              |
|--|-------------------------|--------------------|------------------|--------------|--------------|
|  |                         | Not at all helpful | Somewhat helpful | Very helpful | I don't know |
| Electronic Primary Flight Display (PFD)  |                         | 0                  | 0                | 0            | 0            |
| Electronic Flight Bag (EFB) Installed  |                         | 0                  | 0                | 0            | 0            |
| Terrain Awareness Warning System (TAWS)  |                         | 0                  | 0                | 0            | 0            |
| Collision Avoidance (TCAS, TCAD, TIS)  |                         | 0                  | 0                | 0            | 0            |
| Emergency Locator Transmitter: 121.5 MHz   |                         | 0                  | 0                | 0            | 0            |
| Emergency Locator Transmitter: 406 MHz   |                         | 0                  | 0                | 0            | 0            |
| Angle of Attack Display  |                         | 0                  | 0                | 0            | 0            |
|  | #                       | Not at all helpful | Somewhat helpful | Very helpful | I don't know |
| Global Positioning System – VFR Only   |                         | 0                  | 0                | 0            | 0            |
| Global Positioning System – IFR Approved   |                         | 0                  | 0                | 0            | 0            |
| Automatic Dependent Surveillance-Broadcast In                                      |                         | 0                  | 0                | 0            | 0            |
| Automatic Dependent Surveillance-Broadcast Out                                     |                         | 0                  | 0                | 0            | 0            |
| VOR (Very high frequency Omni-directional Range)                                   |                         | 0                  | 0                | 0            | 0            |
| VOR/DME (Very high frequency Omni-directional Range/ Distance Measuring Equipment) |                         | 0                  | 0                | 0            | 0            |
| Satellite Tracking Device (SPOT, Spidertracks, InReach)                            |                         | 0                  | 0                | 0            | 0            |
|  | #                       | Not at all helpful | Somewhat helpful | Very helpful | I don't know |

Q6\_SPO In general, what survival equipment is in your company aircraft? Please select all that apply

- Carry what is legally required
- Sleeping or camping gear (blankets, sleeping bags, tarps, tents)
- Cooking supplies (food, water, stove, etc.)
- Company survival kit
- First aid kit
- Satellite phone
- Search and rescue aids (flares, mirror, rescue laser, etc.)
- Flotation devices (personal flotation devices, life rafts, etc.)
- Other. Please specify: \_\_\_\_\_

Q7\_SPO For aircraft maintenance, does your company contract for services, directly employ mechanics, or do something else? Please select all that apply.

- Contract for services
- Directly employ aircraft mechanics
- Do something else. Please explain: \_\_\_\_\_

*Display This Question:*

*If For aircraft maintenance, does your company contract for services, directly employ mechanics, or do something else? = Directly employ aircraft mechanics*

Q7a\_SPO How many aircraft mechanics does your company currently employ directly, as employees?

- 1
- 2
- 3 or more

Display This Question:

If For maintenance, does your company contract for services, employ mechanics, or do something else? =  
Employ mechanics

Q7b\_SPO How many aircraft mechanics does your company typically employ each season?

|        | 1 mechanic | 2 mechanics | 3 or more mechanics | None |
|--------|------------|-------------|---------------------|------|
| Spring | 0          | 0           | 0                   | 0    |
| Summer | 0          | 0           | 0                   | 0    |
| Autumn | 0          | 0           | 0                   | 0    |
| Winter | 0          | 0           | 0                   | 0    |

### Company Insurance

Q8\_SPO In the last 18 months, have your company's insurance costs per seat changed?

- Increased
- Decreased
- No change

Skip To: Q10\_SPO IF In the last 18 months, have your company's insurance costs per seat changed? =  
Stayed the same

Display This Question:

If In the last 18 months, have your company's insurance costs per seat changed? = Increased

Q8a\_SPO By what percent did they increase?

% increased: \_\_\_\_\_

Display This Question:

If In the last 18 months, have your company's insurance costs per seat changed? = Decreased

Q8b\_SPO By what percent did they decrease?

% decreased: \_\_\_\_\_

Display This Question:

If In the last 18 months, have your company's insurance costs per seat changed? != No change

Q9\_SPO Why do you believe the insurance costs changed?

\_\_\_\_\_

Q10\_SPO In YEAR, about what percentage of your company's revenue came from the following sources?

Passengers \_\_\_\_\_

Cargo \_\_\_\_\_

Mail \_\_\_\_\_

Other. Please describe: \_\_\_\_\_

---

Total \_\_\_\_\_

The questions in the table below ask for your opinion about measures that might improve aviation safety throughout Alaska (not just at your company).

Q11\_SPO For each measure, please indicate **how effective** you think it could be in **preventing aircraft crashes** if it were widely applied in Alaska aviation.

**Whiteout conditions** are when blowing snow, fog, or haze limit all visual references.

**Flat light conditions** are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

|   | Not effective         | Somewhat effective    | Very effective        | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Pilot training in meteorology                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in aeronautical decision-making              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in whiteout conditions                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in flat light conditions                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | Not effective         | Somewhat effective    | Very effective        | Don't know            |
| Pilot training in CFIT avoidance                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in regional hazards                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Greater ability for pilots to refuse flights due to weather | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Easing of time limit to move by-pass mail                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | Not effective         | Somewhat effective    | Very effective        | Don't know            |
| Changes in Medicare patient transport requirements          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improvement in infrastructure to allow more IFR flights     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improvements in company's operational control structure     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q12\_SPO If you had to choose just two of the above measures as most useful, which would they be?

First choice: (Dropdown list of 11 measures in Q11\_SPO above)

Second choice: (Dropdown list of 11 measures in Q11\_SPO above)



Q13\_SPO If there are other measures that you believe might improve aviation safety in Alaska, but which weren't addressed in the previous question, please list them below.

---

---

**These next questions are about your experience as a pilot.**

Q14\_SPO What pilot ratings and certificates do you hold? Please select all that apply.

  
  
  
  
  
  
  
  
  
  

Commercial

Instrument

Airline Transport

Helicopter

Flight Instructor

Single-engine land

Multi-engine land

Single-engine sea

Multi-engine sea

Other. Please specify: \_\_\_\_\_

Q15\_SPO On your FAA pilot certificate, is your address listed in Alaska?

  

Yes

No

Q16\_SPO Over your entire career, how many years have you been a pilot? Please enter the number of months if less than 1 year.

  

Number of years:

Number of months:

Q17\_SPO Thinking about the number of years you have flown in Alaska, has your work ever been **seasonal**?

  

Yes

No

*Display This Question:*

*If Thinking about the number of years you have flown in Alaska, has your work ever been seasonal? = Yes*

Q17a\_SPO How many years was your work **seasonal**?

Years

Q18\_SPO Thinking about the number of years you have flown in Alaska, has your work ever been **year-round**?

  

Yes

No

*Display This Question:*

*If Thinking about the number of years you have flown in Alaska, has your work ever been year-round? = Yes*

Q18a\_SPO How many years was your work **year-round**?

Years

Q19\_SPO Over your entire career, including Alaska and other locations, have you ever worked for anyone other than yourself as a pilot?

- Yes
- No

*Display This Question:*  
*If Over your entire career, including Alaska and other locations, have you ever worked for anyone other than yourself as a pilot? = Yes*

Q19a\_SPO Over your entire career, how many different companies, other than yourself, have you worked for as a pilot?

Number of companies: \_\_\_\_\_

*Display This Question:*  
*If Over your entire career, including Alaska and other locations, have you ever worked for anyone other than yourself as a pilot? = Yes*

AND  
*If Over your entire career, how many different companies, other than yourself, have you worked for as a pilot? > 1*

Q19b\_SPO Over how many years has that been?

Number of years: \_\_\_\_\_

Q20\_SPO Thinking about your total flight hours, in Alaska and elsewhere, please complete the table below.

**\*If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

|                             | <u>Alaska</u>              |                       | <u>All locations (including Alaska)</u> |                       |
|-----------------------------|----------------------------|-----------------------|---|-----------------------|
|                             | <b>Total Flight Career</b> | <b>Last 12 Months</b> | <b>Total Flight Career</b>              | <b>Last 12 Months</b> |
| Total paid flight hours     |                            |                       |   |                       |
| Instrument hours            |                            |                       |   |                       |
| Single-pilot operator hours |                            |                       |   |                       |

**These next questions are about your current work schedule as a single-pilot operator.**

Q21\_SPO Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule?

- Yes
- No

Display This Question:

If Some people work a rotating schedule such as 2 weeks on and 2 weeks off. Do you currently work a rotating schedule? = Yes

Q21a\_SPO Do you currently work...

- 1 week on and 1 week off
- 2 weeks on and 2 weeks off
- 3 weeks on and 1 weeks off
- Other. Please specify: \_\_\_\_\_

Q22\_SPO Is your work as a single-pilot operator seasonal or year-round?

- Year-round
- Mostly year-round
- Seasonal
- Mostly seasonal
- Other. Please explain \_\_\_\_\_

Q23\_SPO Please estimate what percent of your paid flight hours in **YEAR** occurred in each season.

Spring: \_\_\_\_\_  
Summer: \_\_\_\_\_  
Autumn: \_\_\_\_\_  
Winter: \_\_\_\_\_  
Total: \_\_\_\_\_

Q24\_SPO Does your work as a single-pilot operator have a peak season?

- Yes
- No
- I don't know

Display This Question:

If Does your work as a single-pilot operator have a peak season? = Yes

Q24a\_SPO Have you worked during peak season as a single-pilot operator?

- Yes  
 No

Display This Question:

If Does your work as a single-pilot operator have a peak season? = Yes AND Have you worked during peak season as a single-pilot operator?= Yes

Q25\_SPO As a single-pilot operator, during the peak season, what is your typical duty time each day?

Please enter your typical duty time in 24-hour clock format. That is, for 7AM please enter 0700; for 1pm please enter 1300.

From: \_\_\_\_\_  
To: \_\_\_\_\_

Display This Question:

If Does your work as a single-pilot operator have a peak season? = Yes AND Have you worked during peak season as a single-pilot operator?= Yes

Q26\_SPO On the days you work during the peak season, how many **flight hours per day** do you typically log?

Flight hours per day: \_\_\_\_\_

Display This Question:

If Does your work as a single-pilot operator have a peak season? = Yes AND Have you worked during peak season as a single-pilot operator?= Yes

Q27\_SPO During the peak season, how many **days per week** do you typically work?

Duty days per week: \_\_\_\_\_

Display This Question:

If Does your work as a single-pilot operator have a peak season? = Yes AND Have you worked during peak season as a single-pilot operator? = Yes

Q28\_SPO During the peak season, do you typically work more than 40 hours per week (including non-flight time)?

- Yes  
 No

Display This Question:

If During the peak season, do you typically work more than 40 hours per week (including non-flight time)? = Yes

Q28a\_SPO During the peak season, about how many hours over 40 do you work **per week**?

Hours over 40 per week: \_\_\_\_\_

Display This Question:

*If Does your work as a single-pilot operator have a peak season? = No -OR- I don't know OR Have you worked during peak season as a single-pilot operator? = No*

Q25z\_SPO As a single-pilot operator, what is your typical duty time each day?

Please enter your typical duty time in 24-hour clock format. That is, for 7AM please enter 0700; for 1pm please enter 1300.

  

From: \_\_\_\_\_

To: \_\_\_\_\_

Display This Question:

*If Does your work as a single-pilot operator have a peak season? = No -OR- I don't know OR Have you worked during peak season as a single-pilot operator? = No*

26z\_SPO How many **flight hours per day** do you typically log?

Flight hours per day: \_\_\_\_\_

Display This Question:

*If Does your work as a single-pilot operator have a peak season? = No -OR- I don't know OR Have you worked during peak season as a single-pilot operator? = No*

Q27z\_SPO How many **days per week** do you typically work?

Duty days per week: \_\_\_\_\_

Display This Question:

*If Does your work as a single-pilot operator have a peak season? = No -OR- I don't know OR Have you worked during peak season as a single-pilot operator? = No*

Q28z\_SPO Do you generally work more than 40 hours **per week** (including non-flight time)?

Yes

No

Display This Question:

*If Do you generally work more than 40 hours per week (including non-flight time)? = No*

Q28az\_SPO About how many hours over 40 do you work **per week**?

Hours over 40 per week: \_\_\_\_\_

**These next questions are about weather and decision-making in your job.**

Q29\_SPO From the list of resources below, which ones do you use when making decisions to launch flights? Please select all that apply.

- Flight Service Station - in person
- Flight Service by telephone (1-800-WXBRIEF)
- Alaska Aviation Weather Unit online – (weather.gov/aawu)
- Aviation Weather Center online (aviationweather.gov)
- Aviation applications (such as Aerovie, Foreflight, SkyVector, Garmin Pilot)
- AWOS/ASOS/ATIS
- FIS-B Weather
- Weather cameras
- PIREPs
- Other pilots who are en route or have flown in that area that day
- Station manager, company personnel, or village agent at destination
- Dispatchers, flight followers, or other company personnel
- Unofficial weather observer
- Other. Please specify: \_\_\_\_\_

Q30\_SPO While working as a single-pilot operator, have you ever declined a flight due to poor visibility or other weather-related reasons?

- Yes
- No
- Prefer not to answer

Q31\_SPO How often do you fly into weather that is different from what was predicted when you started your flight?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

Q32\_SPO How often do you have to decide whether to fly on a Visual Flight Rules (VFR) flight plan into unknown weather conditions that may deteriorate below VFR minimums?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

Q33\_SPO If you refuse to launch a flight due to marginal weather, how likely is it that your customers will fly with a different company?

- Not at all likely
- Somewhat likely
- Very likely
- I don't know

Q34\_SPO Do you have standard procedures to follow if you unexpectedly fly into Instrument Meteorological Conditions (IMC)?

- Yes
- No

Q35\_SPO How confident are you that you can safely fly under Visual Flight Rules (VFR) in the following conditions?

**Whiteout conditions** are when blowing snow, fog, or haze limit all visual references.

**Flat light conditions** are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

|                           | Not confident         | Somewhat confident    | Very confident        |
|---------------------------|-----------------------|-----------------------|-----------------------|
| Whiteout conditions       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Low visibility conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flat light conditions     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**These next few questions ask about training and safety.**

Q36\_SPO What types of survival training have you received? Please select all that apply.

- Aircraft Egress Training
- Basic Survival Training
- Fixed Wing Underwater Egress Training
- Helicopter Underwater Egress Training
- Dunker Training
- Other. Please describe: \_\_\_\_\_
- None

Q37\_SPO Have you received training on proper lifting techniques?

- Yes
- No

Q38\_SPO While at work, about how often did you lift more than 50 pounds without equipment?

- Daily
- 2-3 times a week
- Once a week
- Once a month
- 2-3 times a year
- Never
- Other. Please describe

Q39\_SPO Is any of the following equipment available at work to assist with moving heavy items? Please select all that apply.

- Forklift
- Pallet jack
- Mechanical lift
- Other. Please describe: \_\_\_\_\_
- None of the above

Q40\_SPO Compared to other jobs, how safe is your pilot job?

- Much safer than other jobs
- Slightly safer than other jobs
- As safe as other jobs
- Slightly more dangerous than other jobs
- Much more dangerous than other jobs



**The following questions are about work-related exposure, illnesses, and injuries and measures to eliminate them at your job as a single-pilot operator.**

Examples of exposures are workplace exposures to harmful substances, fumes, loud noises, and temperature extremes.

Examples of illnesses are skin diseases, respiratory disorders, and poisonings resulting from work exposures.

Examples of injuries are work-related cuts, fractures, sprains, hearing loss, and amputations.

**These questions refer to a time when your body was damaged and required medical attention at the time of the event, or caused you to take time away from work, or required you to change how you did your job.**

Q41\_SPO Exposures in the workplace may be to harmful substances, fumes, loud noises, or temperature extremes. In the past five years, have you had any exposures as a result of your work that required medical care, first aid, time off work, or changes in how you do your job?

  

Yes. Please explain:

No

Q42\_SPO Other than piloting the aircraft, which of your duties or tasks are most likely to make you ill?

---

---

---

Q43\_SPO In the past five years, have you been made ill as a result of your work?

  

Yes. Please explain:

No

Q44\_SPO Other than piloting the aircraft, which of your duties or tasks are most likely to injure you?

---

---

---

Q45\_SPO In the past five years, have you been injured as a result of your work?

  

Yes

No

*Display This Question:*

*If In the past five years, have you been injured as a result of your work? = Yes*

Q46\_SPO In the past five years, how many different times have you been injured at work?

  
  

Once

Twice

Three or more times

Display This Statement:

If In the past five years, how many different times have you been injured at work? != Once  
AND

If In the past five years, have you been injured as a result of your work? = Yes

Please think about your **most serious** injury when answering these next questions.

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q47\_SPO How did your injury occur?

  
  
  
  
  
  
  
  

Lifting (picking up cargo, baggage, equipment, etc.)

Slip (on ice, wet or oily surfaces, etc.)

Trip (over objects, uncovered hoses or cables, etc.)

Fall

Pushing or pulling

Contact injury with object (aircraft wing, tug, etc.)

Assault or injury by another person

Other. Please specify: \_\_\_\_\_

Display This Question:

If How did your injury occur? = Fall  
AND

If In the past five years, have you been injured as a result of your work? = Yes

Q47a\_SPO Was your fall while you were above ground level or at ground level?

  

Above ground level (on a ladder, aircraft wing, etc.)

At ground level

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q48\_SPO How was your injury treated?

Please select all that apply.

Did not receive any treatment

Received first aid at work

Self-treatment at home after work

Went to medical or community clinic

Went to hospital or emergency room, but wasn't admitted to hospital

Hospitalized 1-3 days

Hospitalized 4-7 days

Hospitalized more than 7 days

Received outpatient long-term care including therapy (physical, occupational, massage, counseling, etc.)

Other. Please explain: \_\_\_\_\_

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q49\_SPO Due to your injury, did you miss any workdays?

- Yes
- No
- I don't remember
- Prefer not to answer

Display This Question:

If Due to your injury, did you miss any workdays? = Yes

AND

If In the past five years, have you been injured as a result of your work? = Yes

Q49a\_SPO Due to your injury, about how much time did you miss from work?

- Days \_\_\_\_\_
- Weeks \_\_\_\_\_
- Months \_\_\_\_\_
- Years \_\_\_\_\_
- I don't remember \_\_\_\_\_

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q50\_SPO What part or parts of your body were affected?

Please select all that apply.

- Head
- Neck
- Upper limbs (shoulders, arms, hands, wrists)
- Lower limbs (legs, knees, feet)
- Trunk (back, lungs, stomach, chest, hips, buttocks)
- Other. Please explain: \_\_\_\_\_

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q51\_SPO At the time of your injury, about how long had you been at work that day?

- Less than 1 hour
- 1 – 2 hours
- 3 – 5 hours
- 6 – 8 hours
- More than 8 hours
- I don't remember

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q52\_SPO Did you file a worker's compensation claim for your injury?

- Yes
- No, I didn't have coverage at the time
- No, other
- Prefer not to answer
- I don't remember

Display This Question:

If Did you file a worker's compensation claim for your injury? = No, other  
AND

If In the past five years, have you been injured as a result of your work? = Yes

Q52a\_SPO Which of following best describes your reasons for not filing a worker's compensation claim?

Please select all that apply.

- I didn't think the injury was bad enough, filing was unnecessary
- I didn't know I could
- I didn't know how
- I didn't want to hurt my company
- I was worried it would make me look bad
- Other. Please describe: \_\_\_\_\_

Display This Question:

If In the past five years, have you been injured as a result of your work? = Yes

Q53\_SPO Do you think your injury could have been prevented?

- Yes. What could have prevented it? \_\_\_\_\_
- No. Please explain: \_\_\_\_\_
- I don't know

Q54\_SPO What do you think contributes most to injuries in aviation in Alaska?

---

---

Q55\_SPO If you could make changes, how would you make your job safer?

---

---

Q56\_SPO Have you ever felt so tired at work that you forgot what you were doing, what you had done, or made a mistake?

- Yes
- No
- I don't remember
- Prefer not to answer

Q57\_SPO During **YEAR**, about how often would you have liked to decline a flight because you were too tired, but you flew anyway?

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never
- Prefer not to answer

Q58\_SPO How much of a problem is pilot fatigue in pilot scheduling?

- Not a problem
- Minor problem
- Major problem

Q59\_SPO In the list of equipment below, indicate how helpful you think each is in preventing aircraft crashes:

|  | Not helpful | Somewhat helpful | Very helpful | Don't know |
|--|-------------|------------------|--------------|------------|
| Autopilot  | 0           | 0                | 0            | 0          |
| ADS-B<br>(Automatic<br>Dependent<br>Surveillance-<br>Broadcast)                    | 0           | 0                | 0            | 0          |
| VOR (Very high<br>frequency omni-<br>directional range<br>navigation<br>equipment) | 0           | 0                | 0            | 0          |
| GPS<br>(Global<br>Positioning<br>System)   | 0           | 0                | 0            | 0          |
| NDB<br>(Non-directional<br>beacon)   | 0           | 0                | 0            | 0          |
| Interactive map  | 0           | 0                | 0            | 0          |
| TAWS<br>(Terrain<br>awareness and<br>warning system)                               | 0           | 0                | 0            | 0          |
| TCAS<br>(Traffic collision<br>avoidance<br>system)                                 | 0           | 0                | 0            | 0          |
| Other. Please<br>describe:   | 0           | 0                | 0            | 0          |

Q60\_SPO In the list of equipment below, indicate how helpful you think each is in surviving after a crash:

|  | Not helpful           | Somewhat helpful      | Very helpful          | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Satellite phone                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cell phone                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Location Beacon                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ELT (Emergency Locator Transmitter)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Satellite Tracking Device (Spidertracks, SPOT) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Survival kit                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other. Please describe:                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q61\_SPO What do you think contributes most to aviation accidents in Alaska?

---



---

**These final questions ask about you.**

Q62\_SPO What is the highest level of education you have completed?

- Less than high school
- Attended high school; didn't graduate
- GED or equivalent
- High school diploma
- Attended college; no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree

Q63\_SPO Are you male or female?

- Male
- Female
- Prefer not to answer

Q64\_SPO How old are you?

- Years: \_\_\_\_\_
- Prefer not to answer



Q65\_SPO What is your race?

Please select all that apply.

- American Indian or Alaska Native
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- Some other race. Please specify: \_\_\_\_\_
- Prefer not to answer

Q66\_SPO Please add any other comments about aviation safety in Alaska you think we should know.

---

---

**Thank you for your help!**  
**(End of Single-Pilot Operator Survey)**

**(Start of Operator Qs)**

These first questions ask about your current employment.

Q2 Which of the following best describes your primary role or position with your company?

Director of Maintenance

Director of Operations

Director of Safety

Chief Pilot

Other. Please specify: \_\_\_\_\_

*Display This Question:*

*If Which of the following best describes your primary role or position with this your company? = Chief Pilot*

Q2a\_ Do you ever work as a pilot for your company?

Yes

No

*Display This Question:*

*If Do you ever work as a pilot for this your company? = Yes*

Q2b Do you fly on a regular schedule for your company?

Yes

No

Q3 How long have you worked for your company?

Please enter the number of months if less than 1 year.

Years: \_\_\_\_\_

Months: \_\_\_\_\_

Q4 How many aircraft does your company operate?

Number of aircraft: \_\_\_\_\_

Q5 Please list total flight hours and departures for all aircraft flown by your company in **YEAR** (both scheduled and unscheduled).

|                            | <b>YEAR</b>      |                    |
|----------------------------|------------------|--------------------|
|                            | <b>Scheduled</b> | <b>Unscheduled</b> |
| Total flight hours         |                  |                    |
| Instrument flight hours    |                  |                    |
| Total number of departures |                  |                    |

**This next set of questions asks about employees working at your company in **YEAR**.**

Q6 In total, how many workers does your company currently employ?

- Less than 10
- 11 - 20
- 21 - 49
- More than 50

Q7 For aircraft maintenance, does your company contract for services, directly employ mechanics, or do something else? Please select all that apply.

- Contract for services
- Directly employ aircraft mechanics
- Do something else. Please explain: \_\_\_\_\_

*Display This Question:*  
*If For maintenance, does your company contract for services, employ mechanics, or do something else? = Contract for services*

Q7a Please provide the company contact information for the contract services.

- Company name: \_\_\_\_\_
- Phone number (907-555-1234): \_\_\_\_\_
- Email: \_\_\_\_\_

Display This Question:

If For maintenance, does your company contract for services, employ mechanics, or do something else? = Employ mechanics

Q7b How many aircraft mechanics does your company currently employ directly, as employees?

- 1
- 2
- 3 or more

Display This Question:

If For maintenance, does your company contract for services, employ mechanics, or do something else? = Employ mechanics

Q7c How many aircraft mechanics does your company typically employ each season?

|        | 1 mechanic | 2 mechanics | 3 or more mechanics | None |
|--------|------------|-------------|---------------------|------|
| Spring | 0          | 0           | 0                   | 0    |
| Summer | 0          | 0           | 0                   | 0    |
| Autumn | 0          | 0           | 0                   | 0    |
| Winter | 0          | 0           | 0                   | 0    |
|        | 0          | 0           | 0                   | 0    |

Display This Question:

If For maintenance, does your company contract for services, employ mechanics, or do something else? = Directly employ mechanics

AND How many aircraft mechanics does your company currently employ directly, as employees? != 1

Q7d Do mechanics usually work alone or do they work as part of a team?

Alone usually

Work as part of a team

Other. Please explain: \_\_\_\_\_

Q8 How many ramp/baggage/cargo/dock agents does your company currently employ?

1

2

3 or more

None

Display This Question:

If How many ramp/baggage/cargo/dock agents does your company currently employ? != None

Q8a How many ramp/baggage/cargo/dock agents does your company typically employ each season?

|        | 1 | 2 | 3 or more | None |
|--------|---|---|-----------|------|
| Spring | 0 | 0 | 0         | 0    |
| Summer | 0 | 0 | 0         | 0    |
| Autumn | 0 | 0 | 0         | 0    |
| Winter | 0 | 0 | 0         | 0    |

Q9 How many customer service/gate agents does your company currently employ?

- 1
- 2
- 3 or more
- None

*Display This Question:*  
 If How many customer service/gate agents does your company currently employ? != None

Q9a How many customer service/gate agents does your company typically employ each season?

|        | 1 | 2 | 3 or more | None |
|--------|---|---|-----------|------|
| Spring | 0 | 0 | 0         | 0    |
| Summer | 0 | 0 | 0         | 0    |
| Autumn | 0 | 0 | 0         | 0    |
| Winter | 0 | 0 | 0         | 0    |

Q10 How many pilots does your company typically employ each season?

|        | 1 Pilot | 2 Pilots | 3 or more pilots | None |
|--------|---------|----------|------------------|------|
| Spring | 0       | 0        | 0                | 0    |
| Summer | 0       | 0        | 0                | 0    |
| Autumn | 0       | 0        | 0                | 0    |
| Winter | 0       | 0        | 0                | 0    |

Q11 How many pilots did your company employ in each of the last 3 years?

- YEAR 1 \_\_\_\_\_
- YEAR 2 \_\_\_\_\_
- YEAR 3 \_\_\_\_\_

Q12 Beginning with "1" for the most important, then "2" for the second most important, and so on, please rank the importance of these skills and experiences when hiring a pilot.

- \_\_\_\_\_ Flight hours in the area of Alaska where the pilot will fly
- \_\_\_\_\_ Flight hours in Alaska (total Alaska flight hours)
- \_\_\_\_\_ Total flight hours, anywhere
- \_\_\_\_\_ Flight hours in the type of aircraft your company uses
- \_\_\_\_\_ Instrument flight hours
- \_\_\_\_\_ Stick and rudder skills (basic airmanship skills)
- \_\_\_\_\_ Customer service skills
- \_\_\_\_\_ Other. Please describe: \_\_\_\_\_

Q13 How does your company pay your pilots?

- Hourly for all duty hours
- Hourly for flight hours only
- Salary
- Combination of salary and flight hours
- Combination of flight hours, duty hours, and salary
- By flight completions
- Other. Please explain: \_\_\_\_\_

Q14 Does your company pay your pilots overtime?

- Yes
- No

*Display This Question:*

*If Does your company pay your pilots overtime? = Yes*

Q14a Under what conditions does your company pay your pilots overtime?

\_\_\_\_\_

**This next set of questions asks about policies, operations, and equipment at your company.**

Q15 Do your pilots perform duties other than piloting the airplane?

- Yes
- No

*Display This Question:*

*If Do your pilots perform duties other than piloting the airplane? = Yes*

Q15a What other duties do pilots typically perform? Please list.

\_\_\_\_\_

Q16 Does your company require higher than FAA weather minimums for flying?

- Yes
- No

*Display This Question:*

*If Does your company require higher than FAA weather minimums for flying? = Yes*

Q16a Please describe your policy that requires higher than FAA weather minimums for flying. Note when your company began this requirement.

\_\_\_\_\_

Q17 Some companies have written policies that require pilots to complete ground school training and demonstrate abilities through a simulator check out, check ride, another activity or task, or some other means. For each of the conditions listed below, please indicate if your company's policy has these requirements.

**Whiteout conditions** are when blowing snow, fog, or haze limit all visual references.

**Flat light conditions** are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

|                           | No policy                | Ground school discussion | Simulator check out      | Check ride               | Activity or task         | Other                    |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Whiteout conditions       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low visibility conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat light conditions     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadvertent VFR into IMC  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other. Please list:       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q18 Does your company have a written list of required conditions to launch a flight (for example, a risk assessment worksheet)?

- Yes
- No

Q19 Who can decide to cancel a flight? Mark all that apply.

- Pilot
- Someone else **in** the company. What is their position? \_\_\_\_\_
- Someone **outside** the company. What is their position? \_\_\_\_\_



Display This Question:

*IF Who can decide to cancel a flight? != Pilot*

Q19a If a non-pilot employee makes decisions about launching flights, what training (initial and recurrent) does the company require that person to have?

---

---

Q20 How many of your company aircraft have the following types of equipment?  
 Please rate each type as very helpful, somewhat helpful, or not at all helpful to flight safety in Alaska.

**\*If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

|  | Number<br>of Aircraft<br># | Helpfulness           |                     |                 |                 |
|--|----------------------------|-----------------------|---------------------|-----------------|-----------------|
|  |                            | Not at all<br>helpful | Somewhat<br>helpful | Very<br>helpful | I don't<br>know |
| Electronic Primary Flight Display (PFD)  |                            | 0                     | 0                   | 0               | 0               |
| Electronic Flight Bag (EFB) Installed  |                            | 0                     | 0                   | 0               | 0               |
| Terrain Awareness Warning System (TAWS)  |                            | 0                     | 0                   | 0               | 0               |
| Collision Avoidance (TCAS, TCAD, TIS)  |                            | 0                     | 0                   | 0               | 0               |
| Emergency Locator Transmitter: 121.5 MHz   |                            | 0                     | 0                   | 0               | 0               |
| Emergency Locator Transmitter: 406 MHz   |                            | 0                     | 0                   | 0               | 0               |
| Angle of Attack Display  |                            | 0                     | 0                   | 0               | 0               |
|  | #                          | Not at all<br>helpful | Somewhat<br>helpful | Very<br>helpful | I don't<br>know |
| Global Positioning System – VFR Only   |                            | 0                     | 0                   | 0               | 0               |
| Global Positioning System – IFR Approved   |                            | 0                     | 0                   | 0               | 0               |
| Automatic Dependent Surveillance-Broadcast In                                      |                            | 0                     | 0                   | 0               | 0               |
| Automatic Dependent Surveillance-Broadcast Out                                     |                            | 0                     | 0                   | 0               | 0               |
| VOR (Very high frequency Omni-directional Range)                                   |                            | 0                     | 0                   | 0               | 0               |
| VOR/DME (Very high frequency Omni-directional Range /Distance Measuring Equipment) |                            | 0                     | 0                   | 0               | 0               |
| Satellite Tracking Device (SPOT, Spidertracks, InReach)                            |                            | 0                     | 0                   | 0               | 0               |
|  | #                          | Not at all<br>helpful | Somewhat<br>helpful | Very<br>helpful | I don't<br>know |

Q21 In general, what survival equipment is in your company aircraft?

Please select all that apply.

  
  
  
  
  
  
  
  
  

Carry what is legally required

Sleeping or camping gear (blankets, sleeping bags, tarps, tents)

Cooking supplies (food, water, stove, etc.)

Company survival kit

First aid kit

Satellite phone

Search and rescue aids (flares, mirror, rescue laser, etc.)

Flotation devices (personal flotation devices, life rafts, etc.)

Other. Please specify: \_\_\_\_\_

Q22 Does your company provide training to on how to use the survival equipment in the aircraft?

  

Yes

No

**We have a few more questions about training provided by your company.**

Q23 Does your company provide training on proper lifting techniques?

  

Yes

No

*Display This Question:*

*If Does your company provide training on proper lifting techniques? = Yes*

Q23a Which employees receive this training? Please select all that apply.

  
  
  
  
  
  
  
  

Company management

Pilots

Customer service agents

Flight support personnel

Office and administrative personnel

Mechanics, including mechanic helpers, assistants, maintenance staff, inspectors, etc.

Ramp, baggage, cargo, or dock agents

Other. Please describe: \_\_\_\_\_

Q24 Does your company provide tools or equipment to help reduce stress or strain on the body caused by lifting or transferring heavy items?

Yes

No

*Display This Question:*

*If Does your company provide tools or equipment to reduce stress or strain on the body caused by lifting or transferring heavy items? = Yes*

Q24a Is any of the following equipment available at work to assist with moving heavy items? Please select all that apply

Forklift

Pallet jack

Mechanical lift

Other. Please describe: \_\_\_\_\_

None of the above

Q25 What types of survival training does your company provide? Please select all that apply.

- Aircraft Egress Training
- Basic Survival Training
- Fixed Wing Underwater Egress Training
- Helicopter Underwater Egress Training
- Dunker Training
- Other. Please describe: \_\_\_\_\_
- None

Q26 Does your company provide fatigue prevention training for pilots?

- Yes
- No

Q27 How much of a problem is pilot fatigue in pilot scheduling?

- Not a problem
- Minor problem
- Major problem

**The next few questions are about safety at your company.**

Q28 Does your company have an internal system for tracking **events or conditions** related to safety?

- Yes
- No

Q29 Does your company offer safety awards or incentives?

- Yes
- No

*Display This Question:  
If Does your company offer safety awards or incentives? = Yes*

Q29a Please describe what type(s) of safety awards or incentives your company offers.

---

---

**The following questions are about work-related exposures, illnesses, and injuries and measures to eliminate them at your job as a single-pilot operator.**

Examples of exposures are workplace exposures to harmful substances, fumes, loud noises, and temperature extremes.

Examples of illnesses are skin diseases, respiratory disorders, and poisonings resulting from work exposures.

Examples of injuries are work-related cuts, fractures, sprains, hearing loss, and amputations.

**These questions refer to a time when your body was damaged and required medical attention at the time of the event, or caused you to take time away from work, or required you to change how you did your job.**

Q30 Does your company have an internal system for tracking employee **on-the-job injuries or illnesses**?

- Yes
- No
- I don't know

Q31 In the past five years, about how many employees have been injured on-the-job?

- Number of employees: \_\_\_\_\_
- None
- I don't know

*Display This Question:*

*If In the past five years, about how many employees have been injured on-the-job? != None*

Q32 In the past five years, which employee groups have been most frequently injured on-the-job at your company?

- Company management
- Pilots
- Customer service agents
- Flight support personnel
- Office and administrative personnel
- Mechanics, including mechanic helpers, assistants, maintenance staff, inspectors, etc.
- Ramp, baggage, cargo, or dock agents
- Other. Please describe:
- No one group of employees is injured more frequently than any other
- I don't know

Display This Question:

If In the past five years, about how many employees have been injured on-the-job? != None

Q33 When employees were injured on-the-job, what were the most frequently affected part or parts of the body?

- Head
- Neck
- Upper limbs (shoulders, arms, hands, wrists)
- Lower limbs (legs, knees, feet)
- Trunk (back, lungs, stomach, chest, hips, buttocks)
- None
- I don't know
- Other. Please explain: \_\_\_\_\_

Display This Question:

If In the past five years, about how many employees have been injured on-the-job? != None

Q34 In the past five years, about how many employees have filed worker's compensation claims?

- Number of employees: \_\_\_\_\_
- None
- I don't know

Q35 What do you think contributes most to injuries in aviation in Alaska?

---

---

Q36 If you could make changes, how would you reduce injuries, prevent illnesses, and increase safety at your company?

---



---

Q37 Please indicate how much you agree or disagree with each of the following statements. Where I work...

| Where I work...  | Strongly Disagree     | Disagree              | Neither Disagree nor Agree | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| the safety of workers is a high priority with management.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| workers are discouraged from reporting safety issues.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| there are no significant compromises or shortcuts taken when worker safety is at stake.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| keeping aircraft in the air is more important than worker safety.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| employees and management work together to ensure the safest possible working conditions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| management isn't interested in safety issues.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

### Company Insurance

Q38 In the last 18 months, have your company's insurance costs per seat changed?

- Increased
- Decreased
- No change

*Skip To: Q40 IF In the last 18 months, have your company's insurance costs per seat changed? = No change*

*Display This Question:*

*If In the last 18 months, have your company's insurance costs per seat changed? = Increased*

Q38a By what percent did they increase?

% increased: \_\_\_\_\_

*Display This Question:*

*If In the last 18 months, have your company's insurance costs per seat changed? = Decreased*

Q38b By what percent did they decrease?

% decreased: \_\_\_\_\_



Display This Question:

*If In the last 18 months, have your company's insurance costs per seat changed? != No change*

Q39 Why do you believe the insurance costs changed?

---

Q40 In **YEAR**, about what percentage of your company's revenue came from the following sources?

|                         |       |   |
|-------------------------|-------|---|
| Passengers              | _____ | % |
| Cargo                   | _____ | % |
| Mail                    | _____ | % |
| Other. Please describe: | _____ | % |
| <hr/>                   |       |   |
| Total                   | _____ | % |

The questions in the table below ask for your opinion about measures that might improve aviation safety throughout Alaska (not just at your company).

Q41 For each measure, indicate **how effective** you think it could be in preventing **aircraft crashes** if it were widely applied in Alaska aviation, and **how often** your pilots receive this training.

**\*If you are using a mobile device, like a smart phone or tablet, please turn it sideways so you can see the full question. You may need to turn off your "screen lock" feature so the screen will turn.**

**Whiteout conditions** are when blowing snow, fog, or haze limit all visual references.

**Flat light conditions** are when an overcast limits visual cues, the features of the terrain, and make it hard to determine distance.

|   | <u>Effectiveness</u>  |                           |                       |                       | <u>Frequency</u>      |                       |                       |
|---|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <b>Not effective</b>  | <b>Somewhat effective</b> | <b>Very effective</b> | <b>Don't know</b>     | <b>At hire</b>        | <b>Annually</b>       | <b>Never</b>          |
| Pilot training in meteorology                               | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in aeronautical decision-making              | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in whiteout conditions                       | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in flat light conditions                     | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in CFIT avoidance                            | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pilot training in regional hazards                          | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | <b>Not effective</b>  | <b>Somewhat effective</b> | <b>Very effective</b> | <b>Don't know</b>     | <b>At hire</b>        | <b>Annually</b>       | <b>Never</b>          |
| Greater ability for pilots to refuse flights due to weather | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Easing of time limit to move by-pass mail                   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changes in Medicare patient transport requirements          | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improvement in infrastructure to allow more IFR flights     | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improvements in company's operational control structure     | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q42 If you had to choose just two of the above measures as most useful, which would they be?

First choice: (Dropdown list of 11 measures in Q39 above)

Second choice: (Dropdown list of 11 measures in Q39 above)

Q43 If there are other measures that you believe might improve aviation safety in Alaska, but which weren't listed in the two questions above, please list them below.

---

---

Q44 What do you think contributes most to aviation accidents in Alaska?

---

---

Q45 Please add any other comments about aviation safety in Alaska you think we should know.

---

---

---

## **Employee Contact Information**

As you read earlier, we are asking people in different aviation occupations about their work. We want to send them a survey similar to the one you just answered.

We need to select a scientific sample of people in each occupation. We are asking for the name, phone number, email address, and mailing address for all of your employees in each job group for two reasons. First is so we can learn how many people in Alaska are employed in each job group. Once we know how many people are in this job group we can determine how many we need to complete the survey to have a representative sample of that occupation. The other reason we ask for everyone in each job group is so no one can figure out who completed a survey. When we have all people in an occupation, no individual can be identified.

The job groups are:

Job Group P: pilots

Job Group M: mechanics (ground, equipment, auto, diesel, etc.), maintenance inspectors, avionics technicians, etc.

Job Group C: customer service agents, office or administrative flight support personnel, flight or ground specialists, village agents, flight followers, etc.

Job Group R: baggage or cargo handlers, ramp agents, dock agents, etc.

If you have 50 or more employees, please select the option below and we will contact you to find the easiest way to get this information.

If you have any questions, please call our toll-free number XXX-XXX-XXXX.

Thank you.

| Category<br>(please<br>choose<br>one) | Employee's name | Current mailing address | Phone # | Email address |
|---------------------------------------|-----------------|-------------------------|---------|---------------|
| P, M, C, R                            |                 |                         |         |               |
|                                       |                 |                         |         |               |
|                                       |                 |                         |         |               |
|                                       |                 |                         |         |               |

**Thank you for your help!**

**End of Survey**