

## L32C Interdisciplinary TIM Training Post-Course Assessment Tool Level 4 Questions

This level measures the impact on an agency/organization resulting from personnel attending the training and their subsequent on-the-job behavior changes.

### Training Implementation

1. Approximately, when was the TIM training implemented within your agency/organization? (Actual training of agency/organization personnel, not just participation in a Train-the-Trainer session.)
  - Year
  - Quarter (if known)
    - i. Q1 (January-March)
    - ii. Q2 (April-June)
    - iii. Q3 (July-September)
    - iv. Q4 (October-December)
2. As of today, approximately what percentage of personnel within your agency/organization that have TIM-related duties/responsibilities have received the TIM training?
3. How many of the other TIM responder agencies/organizations in your area/region have also implemented the TIM training?
  - a. All
  - b. Most
  - c. Some
  - d. Very Few
  - e. None

**3.1** Additional Comments: [Text box]

### Overall Operations

4. Please rate the degree to which you agree with the following statement: Overall agency operations have been improved as a result of personnel attending the SHRP2 TIM training.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree

**4.1** Additional Comments: [Text box]

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5. Please rate the degree to which you agree with the following statement: Overall safety at traffic incidents has been improved as a result of personnel attending the SHRP2 TIM training.
- a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree

5.1 Additional Comments: [Text box]

### Incident Clearance Time

6. Within your dispatch or incident-reporting systems, do you have the ability to capture and query the elapsed time between the incident occurring and the time at which the last responder has left the scene?
- a. Yes
  - b. No

*Contingency questions if "Yes" is chosen for question 6*

- 6.1 What was your average Incident Clearance Time prior to training? Please provide the time period for reporting.
- 6.2 What is your average Incident Clearance Time post-training? Please provide the time period for reporting.
- 6.3 Describe the source and type of data used to calculate Incident Clearance Time (i.e., DOT ATMS data, TMC data, Law Enforcement crash report data, etc.).
- 6.4 Additional Comments: [Text box]

### Roadway Clearance Time

7. Within your dispatch or incident-reporting systems, do you have the ability to capture the elapsed time between the incident occurring and the time when all travel lanes are cleared or open? (This would imply some lane blockage was present at some point during the incident.)
- a. Yes
  - b. No

*Contingency questions if "Yes" is chosen for question 7*

- 7.1 What was your average Roadway Clearance Time prior to training? Please provide the time period for reporting.
- 7.2 What is your average Roadway Clearance Time post-training? Please provide the time period for reporting.
- 7.3 Describe the source and type of data used to calculate Roadway Clearance Time (i.e., DOT ATMS data, TMC data, Law Enforcement crash report data, etc.).
- 7.4 Additional Comments: [Text box]

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## Number of Secondary Crashes

8. Within your dispatch or incident-reporting systems, do you have the ability to capture the occurrence of secondary crashes?
- Yes
  - No

*Contingency questions if "Yes" is chosen for question 8*

- 8.1 How many total crashes occurred prior to training? Please provide the time period for reporting.
- 8.2 How many secondary crashes occurred prior to training? Please provide the time period for reporting.
- 8.3 How many total crashes occurred post-training? Please provide the time period for reporting.
- 8.4 How many secondary crashes occurred post-training? Please provide the time period for reporting.
- 8.5 Describe the source and type of data used to calculate secondary crashes (i.e., DOT ATMS data, TMC data, Law Enforcement crash report data, etc.).
- 8.6 Additional Comments: [Text box]

## Safety

9. Does your agency/organization have a mechanism in place to track struck-by incidents and/or near misses?
- Yes
  - No

*Contingency questions if "Yes" is chosen for question 9*

- 9.1 Since the SHRP2 TIM training, has there been a reduction in the number of your agency/organization personnel struck-by passing vehicles at traffic incident scenes?
- Yes
  - No
  - Unable to determine
- 9.2 Since the SHRP2 TIM training, has there been a reduction in the number of your agency/organization response vehicles struck-by passing vehicles at traffic incident scenes?
- Yes
  - No
  - Unable to determine
- 9.3 Since the SHRP2 TIM training, has there been a reduction in the number of near misses your agency/organization has experienced at traffic incident scenes?

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- a. Yes
- b. No
- c. Unable to determine

**9.4** Additional Comments: [Text box]

**10.** Please rate the degree to which you agree with the following statement: Coordination among different agencies at traffic incident scenes has improved since the SHRP2 TIM training.

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

**Written Policies and Equipment Use**

**11.** For the following TIM-related laws and concepts, please rate the degree to which to you agree or disagree that the law/concept has been integrated into the written policies/procedures/directives followed by your agency/organization.

(Check only one box for each statement)	Strongly Agree	Agree	Neutral / Not Sure	Disagree	Strongly Disagree
11.1 Driver Removal Law*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Authority Removal Law*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3 Use of common response terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4 Windshield size-up reports and regular progress reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5 Move It, or Work It - consideration to relocating incident vehicles out of travel lanes prior to working the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6 Safe-positioning of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.7 Lane+1 blocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.8 Incident Command System (ICS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.9 Providing advance warning at traffic incident scenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.10 Use of tapers at traffic incident scenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Select Neutral if your state does not have a Driver Removal and/or Authority Removal Law.

**12.** Does your agency/organization have a written policy or other directive that requires all personnel to wear their high-visibility safety apparel?

- a. Yes
- b. No

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*Contingency question if "Yes" is chosen for question 12*

**12.1** When was your high-visibility safety apparel written policy implemented?

- a. Prior to implementing the SHRP2 TIM training within our agency/organization
- b. After implementing the SHRP2 TIM training within our agency/organization
- c. Not sure

*Contingency question if "a" is chosen for question 12.1*

**12.2** Was your existing high-visibility safety apparel written policy changed or more stringently enforced as a result of the SHRP2 TIM training?

- a. Yes
- b. No

**13.** Are vehicles in your agency/organization equipped with push bumpers?

- a. Yes
- b. No

*Contingency questions if "Yes" is chosen for question 13*

**13.1** Does your agency/organization have a written policy or other directive that guides personnel in the use of push bumpers?

- a. Yes
- b. No
- c. Not sure

**13.2** Does your agency/organization provide training on the use of push bumpers?

- a. Yes
- b. No
- c. Not Sure

**13.3** Are the push bumpers being used on a regular basis?

- a. Yes
- b. No
- c. Not Sure

**13.4** Additional Comments: [Text box]

**14.** Are vehicles in your agency/organization equipped with traffic cones, flares, or other channelizing devices?

- a. Yes
- b. No

*Contingency question if "Yes" is chosen for question 14*

**14.1** When were your vehicles equipped with traffic cones, flares, or other channelizing devices?

- a. Prior to implementing the SHRP2 TIM training within our agency/organization
- b. After implementing the SHRP2 TIM training within our agency/organization
- c. Not sure

*Contingency question if "a" is chosen for question 14.1*

**14.2** Were your efforts to equip vehicles with traffic cones, flares, or other channelizing devices increased or enhanced as a result of the SHRP2 TIM training?

- a. Yes
- b. No



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**15.** Does your agency/organization have a written quick clearance policy, open roads agreement, memorandum of understanding (MOU), or other guidance that encourages personnel to remove incidents with some form of time goal?

- a. Yes
- b. No
- c. Not sure

*Contingency questions if "Yes" is chosen for question 15*

**15.1** When was your quick clearance policy, open roads agreement, MOU, or other guidance implemented?

- a. Prior to implementing the SHRP2 TIM training within our agency/organization
- b. After implementing the SHRP2 TIM training within our agency/organization
- c. Not sure

**15.2** Additional Comments: [Text box]

*Contingency question if "a" is chosen for question 15.1*

**15.3** Was your quick clearance policy, open roads agreement, MOU, or other guidance changed or enhanced as a result of the SHRP2 TIM training?

- a. Yes
- b. No

**16.** Does your agency or organization have a written policy or other directive that directs personnel to reduce emergency-vehicle lighting at incident scenes once conditions allow?

- a. Yes
- b. No
- c. Not sure

*Contingency question if "Yes" is chosen for question 16*

**16.1** When was your written emergency-vehicle lighting guidance implemented?

- a. Prior to implementing the SHRP2 TIM training within our agency/organization
- b. After implementing the SHRP2 TIM training within our agency/organization
- c. Not sure

*Contingency question if "a" is chosen for question 16.1*

**16.2** Was your existing written emergency-vehicle lighting guidance changed or more stringently enforced as a result of the SHRP 2 TIM Training?

- a. Yes
- b. No

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## Other

**17.** Is there a formal TIM program in your area/region that is supported by a multidiscipline, multi-agency team or task force, which meets regularly to discuss and plan for TIM activities?

- a. Yes
- b. No
- c. Not sure

*Contingency questions if "Yes" is chosen for question 17*

**17.1** When was the TIM program initiated?

- a. Prior to implementing the SHRP2 TIM training within your area/region
- b. After implementing the SHRP2 TIM training within you area/region
- c. Not sure

**17.2** How many of the other TIM responder agencies/organizations in your area/region participate in the TIM program?

- a. All
- b. Most
- c. Some
- d. Very Few
- e. None

**17.3** How often does the TIM team/task force meet?

**17.4** Additional Comments: [Text box]

**18.** Are there any other positive outcomes or additional comments that you would like to share?