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| **BUREAU OF ENVIRONMENTAL PROGRAMS SURVEY 2024** | | | | | | | | |
|  | | | | | | | OMB No. 0535-0261  Approval Expires: 4/30/2027  Project Code: 408 QID:  SMetaKey: | |
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|  |  | |  | | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE**  **Illinois Department of Agriculture** |
|  |  |  | |  |  |  | **USDA/NASS - Illinois**  Heartland Region  PO Box 19281 Springfield, IL 62794-9281  Phone: 1-217-524-9606  FAX: 1-855-270-2717  Email: NASSRFOHLR@nass.usda.gov | |
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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0261. The time required to complete this information collection is estimated to average 10 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. Response to this survey is **voluntary**. |
| This survey is an opportunity for you to tell us what you think of the job we are doing and how we might better serve you in the future. Please take the time to fill it out.  The Illinois Department of Agriculture (IDOA) is committed to delivering exceptional customer service to the people of Illinois. In an effort to improve our quality of service, please take a few minutes to share your experiences with the Agency and its services. Reflect on your experience with the Illinois Department of Agriculture Bureau of Agricultural Products Inspection within the past 12 months as you answer the following questions. Your opinion is important, we will benefit greatly from your participation in this survey. |

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| **If you have dealt with more than one bureau of the Department of Agriculture, then you may receive more than one questionnaire. Please respond to each of the surveys.** |

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| 1. Why did you contact (or why were you contacted by) the **Bureau of Environmental Programs**? (Check all that apply.) | |
| a. Seek information | 101 |
| b. Obtain a license, permit or registration | 102 |
| c. Inspection | 103 |
| d. Fill out a report | 104 |
| e. Pay a fine | 105 |
| f. Complete a survey | 106 |
| g. Other *(specify: \_\_\_\_\_\_\_\_\_\_\_\_)* | 107 |

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| 2. Please read the following statements about your level of satisfaction with the information and/or services you received from the  **Bureau of Environmental Programs** in the past 12 months. For each question, circle the response, using the scale from 1 through 7, that best reflects your opinion about the following. If the comment does not apply, circle the response under **NA**. | | | | | | | | | |
| a. How satisfied were you with the usefulness of the information and/or services you received from  the **Bureau?** |  | Not at all  satisfied | |  | Neutral |  | Extremely  Satisfied | | NA |
| 110 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| b. How satisfied were you with the way you were  treated by **Bureau** staff? | 111 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| c. How satisfied were you with the promptness of your  transaction or response to your request? | 112 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| d. How satisfied were you with the staff member’s  knowledge of their job? | 113 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| e. How satisfied were you with the technical skills  of the **Bureau** staff? | 114 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| f. How satisfied were you with the accuracy of  information you received? | 115 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| g. How satisfied were you with the ease of reaching  staff to answer inquiries? | 116 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| h. How satisfied were you with the ease of  obtaining information? | 117 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| i. How satisfied were you with the recommendations? | 118 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| j. If you had a concern, how satisfied were you with the  way the concern was resolved? | 119 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| k. How satisfied were you with the quality of the training  you received from the **Bureau?** | 120 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| l. How satisfied were you with the usefulness of the  training materials of the **Bureau?** | 121 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

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| 3. In your opinion, how **fair** are the IDOA requirements  and policies related to **Environmental Programs**? |  | Extremely  unfair | | Neutral | | | Completely  fair | | Don’t  know |
| 122 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
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| 4. Please read the following statements about the **Illinois Department of Agriculture’s Bureau of Environmental Programs**.  Circle the response under the heading ***Strongly disagree*** to ***Strongly agree*** that reflects your opinion for each of the statements.  If you have no opinion or don’t know about an item, circle the response under ***Don’t know***. | | | | | | | | | |
|  |  | Strongly  disagree | | Neutral | | | Strongly  agree | | Don’t  know |
| a. The **Bureau** puts a high value on serving the people  of Illinois. | 123 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| b. The staff was courteous and professional. | 124 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| c. The staff adequately explained standards, regulations,  and/or test results. | 125 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |
| d. The staff was responsive to my complaints. | 126 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| e. The inspector was consistent in following procedures. | 127 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| f. The staff are good partners and enhance my work. | 128 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| g. The **Bureau** was efficient in administering  inspection procedures. | 129 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| h. The staff was well prepared to address my  problems or concerns. | 130 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| 1. **Bureau** regulations are documented in a clear   and consistent way. | 131 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| j. The **Bureau** provides important training  to people in my field. | 133 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  | |  |
| k. The IDOA web site provides useful and timely information. (http://www.agr.state.il.us/environment/) | 134 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

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| 5. Compared to one year ago, do you believe the quality of services and/or information provided by the **Bureau of Environmental**  **Programs** has: | | | | |
|  | 138 | Declined |  | 1 |
|  | | Stayed the same |  | 2 |
|  | | Improved |  | 3 |
|  | |  | |  |
|  | | Don’t know |  | 8 |

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| 6. Please describe the **one most important change** that would increase your satisfaction with the quality of services and information  provided by the **Bureau of Environmental Programs**: | |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| 7. Are you? (Check all that apply.) | | | | | | | | | | | |
|  | | | 135 | Agricultural producer |  | 1 |  |  |  | | |
|  | | |  | Agribusiness owner |  | 2 |  |  |  | | |
|  | | |  | Other (Specify\_\_\_\_\_\_ |  | 3 |  |  |  | | |
|  | | |  |  |  |  |  |  |  | | |
| 8. Was your contact with staff from the **Bureau of Environmental Programs** associated with: | | | | | | | | | | | |
|  | 139 | Livestock Management Facilities Program | | | | | | | |  | 1 |
|  |  | Agrichemical Facility Containment Program | | | | | | | |  | 2 |
|  |  | Lawncare Containment Program | | | | | | | |  | 3 |
|  |  | Pesticide Licensing Program | | | | | | | |  | 4 |
|  |  | Pesticide Product Registration Program | | | | | | | |  | 5 |
|  |  | Nursery Inspection Program | | | | | | | |  | 6 |
|  |  | Phytosanitary Certificate Program (Nursery) | | | | | | | |  | 7 |
|  |  | Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | |  | 8 |
| 9. How often do you have contact with staff from the **Bureau of Environmental Programs**? (Check only one response) | | | | | | | | | | | |
|  | | | 136 | At least once a week |  | 1 | Two times a year |  | 4 | | |
|  | | |  | At least once a month |  | 2 | At least once per year |  | 5 | | |
|  | | |  | About 3 or 4 times a year |  | 3 | Less than once per year |  | 6 | | |

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| 10. How many years have you worked with staff from the **Bureau of Environmental**  **Programs?** Number of years | 137 |

**THANK YOU FOR COMPLETING THIS SURVEY!!!**

Please share any additional thoughts in the space provided below.

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|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please return your completed questionnaire in the return envelope.**

Illinois Department of Agriculture

Bureau of Environmental Programs

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