OMB Control Number: 1225-0093

OMB Expiration Date: 1/31/27

Public reporting burden for this survey is estimated to average 6.5 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and submitting the survey. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the Occupational Safety and Health Administration, U.S. Department of Labor, 200 Constitution Ave NW., Suite N3621, Washington, DC 20210-4537] or and reference OMB control number 1225-0093. NOTE: Please do not send your completed OMB No.: 1225-0093 to this address.

OSHA VPP Reapproval Participant Survey

Section 1: Tell us about your VPP experience today!

1. Based on my experience interacting with OSHA, I trust OSHA to deliver on their mission for the American public.

Thumbs up

Thumbs down

- a. If the respondent selects the thumbs up response, they get a follow-up question:
  - i. What about this interaction made the difference? Select all that apply
    - o My need was addressed
    - O It was easy to complete what I needed to do
    - O The reapproval process took a reasonable amount of time
    - O I understood what was asked of me throughout the reapproval process
    - O I was treated fairly
    - O OSHA's VPP employees I interacted with were helpful
    - O Something else (other)
- b. If the respondent selects the thumbs down response, they get a follow-up question:
  - i. What could have been better?
    - My need was not addressed
    - O It was difficult to complete what I needed to do
    - O The reapproval process took too long to do what I needed to do

- O I did not understand what was being asked of me throughout the reapproval process
- O I was not treated fairly
- O OSHA's VPP employees I interacted with were not helpful
- O Something else (other)
- 2. Anything else you want us to know about your experience?

## Section II: Tell us about your experience with the VPP!

- 1. It took a reasonable amount of time to arrange for the VPP reapproval on-site:
  - O Strongly Agree
  - o Agree
  - o Neutral
  - o Disagree
  - o Strongly Disagree
- 2. Our organization's participation in the Voluntary Participation Program is valuable to us:
  - o Strongly Agree
  - o Agree
  - o Neutral
  - o Disagree
  - O Strongly Disagree
- 3. Why do you find VPP valuable? Please select all that apply:
  - O Creates a meaningful relationship between our VPP worksite and OSHA.
  - O Creates a strong safety culture at our worksite, where safety is considered our core value.
  - O Developed a Safety and Health Management System that values employee, management and (if applicable) union buy-in, so that everyone at the worksite is responsible for safety.
  - O Creates a network of VPP sites that allows for open communication to share safety and health ideas and ways to improve safety and health at our worksite.

- o We value the recognition we receive from OSHA.
- O Being removed from the programmed inspection list is valuable to our worksite.
- 4. How could OSHA improve VPP to meet your needs better?

## Section III: Tell us about your VPP work site!

- 1. How often do you talk to your OSHA Contact? Your OSHA contact could be a VPP manager/coordinator.
  - Once a month
  - Once a quarter (3-4 months)
  - Once a year
  - o Once every 2-3 years
  - Once every 5 years
- 2. What do you usually talk to your OSHA contact about? (Please select all that apply)
  - O VPP related activities, such as VPP-required reports, on-site evaluations, SGE activities, etc.
  - O Enforcement, industry standards, significant activities, or other compliance related issues
  - Mentoring or other educational activities such as consultations or available OSHA resources (such a webinars)
  - O OSHA Safety Stand Downs, OSHA Emphasis Programs such as heat safety or mental illness, or other OSHA outreach programs
- 3. Please select you state:

[All 50 states are listed in a dropdown menu, both as full name and abbreviation, in alphabetical order]

- 4. How many years has your site been in VPP?
- 5. Please select your industry
  - O Chemical
  - O Department of Defense
  - O Laundry Services
  - o Petroleum
  - o Professional Services
  - o Specialty Trade Contractors
  - O Transportation Equipment
  - O Utilities

- o Warehousing
- o Other industry
- 6. Please select site size
  - o Less than 150 employees
  - o Between 150 and 250 employees
  - o More than 250 employees
- 7. Does the site fall under the OSHA PSM Standard?
  - o Yes
  - o No