

BUREAU OF WEIGHTS AND MEASURES SURVEY 2024

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United States
Department of
Agriculture



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

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**.

The Illinois Department of Agriculture (DOA), Bureau of Weights and Measures 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 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.

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

1. Why were you in contact with the Illinois Department of Agriculture, **Bureau of Weights and Measures** within the past 12 months?

(Check all that apply.)

- a. Seek information.....
- b. Obtain an inspection.....
- c. Arrange for testing.....
- d. Other (specify: _____).....

| |
|-----|
| 101 |
| 102 |
| 103 |
| 108 |

2. Please read the following statements about your level of satisfaction with the information and/or services you received from the **Illinois Department of Agriculture, Bureau of Weights and Measures** 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**.

| | | Not at all satisfied | | Neutral | | Extremely Satisfied | | NA | | |
|----|--|----------------------|-----------------------|---------|---|------------------------|---|------------|---|---|
| a. | How satisfied were you with the usefulness of the information and/or services you received? | 110 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| b. | How satisfied were you with the way you were treated by 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 technical skills of the staff? | 114 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| e. | How satisfied were you with the accuracy of information you received? | 115 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| f. | How satisfied were you with the ease of reaching staff to answer inquiries? | 116 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| g. | How satisfied were you with their recommendations? | 118 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| h. | If you had a disagreement with Bureau Staff, how satisfied were you with the way the disagreement was resolved? | 121 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 3. | In your opinion, how restrictive are the policies of the Bureau of Weights and Measures ? | 122 | Extremely restrictive | Neutral | | Not at all restrictive | | NA | | |
| 4. | In your opinion, how efficient are the inspection procedures of the Bureau of Weights and Measures ? | 119 | Not at all efficient | Neutral | | Extremely efficient | | NA | | |
| 5. | Please read the following statements about the Illinois Department of Agriculture (IDOA), Bureau of Weights and Measures . 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 | | |

| | | 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 were 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. | Bureau staff treated me fairly. | 126 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| e. | The Bureau was responsive to my complaints. | 127 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| f. | The staff responded to my needs in a timely manner. | 128 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | 129 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

| | | | | | | | | | |
|---|------------------------------|---|---|---|---|---|---|---|---|
| g. Bureau staff were consistent in following procedure. | <input type="checkbox"/> | | | | | | | | |
| h. The staff are good partners and enhance my work. | <input type="checkbox"/> 130 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| i. Bureau staff were well prepared to address my problems or concerns. | <input type="checkbox"/> 132 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| j. Forms required by the Bureau are easy to understand and user friendly. | <input type="checkbox"/> 133 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| k. Bureau regulations are documented in a clear and consistent way. | <input type="checkbox"/> 134 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| l. The IDOA web site provides useful and timely information. http://www.agr.state.il.us/weights-measures/ | <input type="checkbox"/> 136 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

| 6. | How confident are you about the accuracy of commercial measurement in the State of Illinois? | <input type="checkbox"/> 137 | Not at all confident | | Neutral | | Extremely confident | | Don't know | |
|----|--|------------------------------|----------------------|----------------------------|---------|---|---------------------|---|------------|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 7. | Compared to one year ago, do you believe the quality of services and/or information provided by the Bureau of Weights and Measures has: | <input type="checkbox"/> 138 | Declined | <input type="checkbox"/> 1 | | | | | | |
| | | | Stayed the same | <input type="checkbox"/> 2 | | | | | | |
| | | | Improved | <input type="checkbox"/> 3 | | | | | | |
| | | | Don't know | <input type="checkbox"/> 8 | | | | | | |

8. Please describe the **one most important change** that would increase your satisfaction with the quality of services and information provided by the **Bureau of Weights and Measures**.

9. What type of measuring device does your business use (check all that apply)?

| | | | | |
|------------------------------|-------------------------------------|----------------------------|---|----------------------------|
| <input type="checkbox"/> 139 | Retail scale, 0 – 1,000 lbs. | <input type="checkbox"/> 1 | None. I am a registered service person that inspects measuring devices. | <input type="checkbox"/> 5 |
| | Larger scale, 1,000 lbs. and larger | <input type="checkbox"/> 2 | None. I am a customer of the IDOA metrology lab. | <input type="checkbox"/> 6 |
| | Motor fuel | <input type="checkbox"/> 3 | Other (Specify _____) | <input type="checkbox"/> 7 |
| | Meters | <input type="checkbox"/> 4 | | |

10. How often do you have contact with staff from the **Bureau of Weights and Measures**? (Check only one response)

| | | | | |
|------------------------------|----------------------|----------------------------|------------------|----------------------------|
| <input type="checkbox"/> 140 | At least once a week | <input type="checkbox"/> 1 | Two times a year | <input type="checkbox"/> 4 |
|------------------------------|----------------------|----------------------------|------------------|----------------------------|

At least once a month
About 3 or 4 times a year

2 At least once per year
 3 Less than once per year

5
 6

11. How many years have you worked with staff from the **Bureau of Weights and Measures** Number of years 141

For Metrology laboratory customers.

12a. Does the Report of Test that is issued for equipment calibrated by the Metrology laboratory contain all required technical/quality content necessary to meet your Quality Assurance Program and internal/external auditors' requirements? 1 = Yes, 3 = No 150

12b. What additional information is needed?

13a. Volume Customers only: Are the reporting values (cubic inches) on the Report of Test (As Found Data, As Left Data) issued for equipment calibrated by the Metrology Laboratory acceptable for your Quality Assurance Program, internal/external auditors and field application? 1 = Yes, 3 = No 151

13b. If no, what unit of measure (e.g., gallons, liters, milliliters etc.) would be necessary to meet your technical/quality requirements?

THANK YOU FOR COMPLETING THIS SURVEY!!!

Please share any additional thoughts in the space provided below.

Please return your completed questionnaire in the return envelope.

Illinois Department of Agriculture
Bureau of Weights and Measures
P.O. Box 19281
Springfield, IL 62794-9281