

OCCUPATIONAL SAFETY AND HEALTH CUSTOMER SERVICE SATISFACTION QUESTIONNAIRE

The Safety Branch is looking for ways to improve its services and would like you to help by answering these questions.

1. I am a:
- First-line Supervisor
 - Second-line Supervisor
 - Division/Branch Safety Representative
 - Staff Member
2. It is my opinion that the Safety Branch's main function is:
- Service
 - Regulation of NRL
 - Record Keeping
 - Technical Consultation
 - Other _____
 - All of the above

1a. I am an employee of Code _____

3. Identify those OSH Program areas you have used within the past year and rate your level of satisfaction as follows:

1 - Strongly Dissatisfied 2 - Not Satisfied 3 - Satisfied 4 - Generally Satisfied 5 - Very Satisfied

Asbestos Control Program	1	2	3	4	5
Confined Space Program	1	2	3	4	5
Employee Hazard Reporting	1	2	3	4	5
Ergonomic Training/Evaluations	1	2	3	4	5
Explosive Safety Support	1	2	3	4	5
Fall Protection Program	1	2	3	4	5
Hazardous Material/Waste Manifesting	1	2	3	4	5
Hazardous Noise and Hearing Conservation Program	1	2	3	4	5
Indoor Air Quality	1	2	3	4	5
Industrial Hygiene Program	1	2	3	4	5
Laser Safety Support	1	2	3	4	5
Lead Control Program	1	2	3	4	5
Lockout/Tagout Program	1	2	3	4	5
Material Safety Data Sheets/Authorized Use List (AUL)	1	2	3	4	5
Occupational Medical Physicals	1	2	3	4	5
Occupational Safety and Health Training	1	2	3	4	5
Personal Protective Equipment	1	2	3	4	5
Prescription Safety Glasses	1	2	3	4	5
Procurement Approval Process for Hazardous Material	1	2	3	4	5
Respiratory Protection Program	1	2	3	4	5
RF Radiation Control	1	2	3	4	5
Safety and Health Inspections	1	2	3	4	5
Safety Awards	1	2	3	4	5
Safety Shoe	1	2	3	4	5
Weight Handling Program	1	2	3	4	5
General (<i>initial and refresher</i>) Safety Training	1	2	3	4	5

4. Which of the following statements best describe your organization's relationship with the Safety Branch? Please check all that apply.

- Understands my department's needs and requirements
- Accessible to me via phone
- Accessible to me via email
- Responsive within an acceptable time (2 working days)
- Effective in providing guidance
- Effective in providing support
- Effective in providing technical advice
- Effective in providing problem facilitation and resolution
- Effective in providing accurate, up-to-date information
- Professional
- Knowledgeable
- Courteous
- Helpful
- Overall satisfaction is good
- Not concerned for your needs

5. Your general safety and health awareness:

To be filled out by all survey respondents: Yes No Somewhat N/A

- I am aware of workplace hazards at my shop
I know what a Material Safety Data Sheet (MSDS) is
I know how to access a MSDS
I know what to do during an accident/serious injury/fire
I know the NRL emergency phone numbers
I know where the closest fire extinguisher is located
I have received training and know how to use the fire extinguisher
I know how and when to report a hazard in the workplace
I know how to use emergency eyewashes/showers in my building
I have received fire evacuation training

To be filled out by hazardous material (HM) users only: Yes No

- I know what a hazardous material is or is not
I have a list of websites for hazardous material
I know how to properly dispose of hazardous waste
I know what to do in the case of a hazardous material spill
I know what to do if I am contaminated with hazardous material
I am familiar with my site-specific laboratory Chemical Hygiene Plan
I know how to safely work with the hazardous materials
I have received initial and refresher hazardous material training
I have received job-specific HM training from my supervisor

6. My overall satisfaction with the Safety Branch is (Please check one):

1 - Strongly Dissatisfied 2 - Not Satisfied 3 - Satisfied 4 - Generally Satisfied 5 - Very Satisfied

7. Please use the space provided below to explain any responses that were not satisfactory. In addition, please provide any comments you may have on improving the services that the Safety Branch provides to NRL.

7a. If you would like the Safety Branch to contact you concerning information that you have provided, please provide your name and phone number below.

Employee Name

Work Phone

Date

Please return completed survey forms to Code 3541.