



JOSH DOBSON
COMMISSIONER

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OCCUPATIONAL SAFETY AND HEALTH DIVISION

CUSTOMER SATISFACTION SURVEY

The OSH Consultative Services Bureau wants your input and feedback. Please take a few moments to complete and return this questionnaire. We will not reveal your name without your permission. Please mail, email or FAX to Kevin O'Barr at the address/number below.

1. The consultative service satisfied my request and met my expectations.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. The consultative service will help me improve my workplace safety and health program.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. What aspect of the service did you like best or find most helpful?

☐ Hazard Identification ☐ Sample Programs ☐ Safety & Health Management Assistance
☐ Hazard Correction Advice ☐ Informal Training ☐ Other _____

4. The recommendations in the written report were clear and easy to understand.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

5. The correction due dates were discussed by the Consultant and were agreed upon.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

6. What one thing could we do or add to improve the consultative service?

7. Would you recommend the consultative service to other small employers? (check one)

☐ Yes or ☐ No If yes, do you have a specific company in mind that we may contact?

Business Name/Employee Name/Phone: _____

If you would not recommend us, please let us know why: _____

8. Other Comments _____

(Use back of page if necessary)

Your Name/Title/Phone _____

(Please print)

Your Establishment Name _____

Your Establishment Address _____

☐ Please call me

Date _____

Revision 8: 01/05/2021

Consultant ID _____