

Serial: Q, QT	RANGE 1 .. 99999 DEF 99999, Serial number
DISPLAY	<p>You have been invited to complete this survey as part of an evaluation of the Canadian Centre for Occupational Health and Safety's (IF INQUIRIES SAMPLE: Inquiries Service; IF NOT INQUIRIES SAMPLE: information products and services). Your responses will be kept confidential. CCOHS will be provided with grouped data only. Completing this survey will help CCOHS improve the quality of the services provided to you. When you complete the survey you can be entered in a draw for one of CCOHS's database services.</p> <p>Click on the right-pointing blue arrow below to proceed to the survey.</p>
Q1: M, QT	<p>Please identify which of the following CCOHS products or services you or your organization have used or purchased in the past year.</p> <p>PLEASE CHECK ALL THAT APPLY</p>
AL	<ol style="list-style-type: none"><li>1) Inquiries Service, free and confidential OSH inquiries 1-800 line or e-mail</li><li>2) Client Services and HELPLINE Service - 1-800 and e-mail</li><li>3) Free Web Services - information and products, e.g. OSH Answers, Canosh, Fatalities, Chemindex, etc.</li><li>4) Web Subscription Services - Web Information Services databases &amp; collections, e.g. MSDS, CHEMpendium, etc.</li><li>5) CD-ROM or DVD Services, e.g. CCINFOdisc, Legislation series, etc.</li><li>6) Print Publications</li><li>7) "Health and Safety Report" e-newsletter</li><li>8) E-learning</li></ol> <p>PROGRAMMER - IF NONE SELECTED AT Q1, THANK AND TERMINATE</p>
DISPLAY	<p>We would like you to answer the following questions about (IF INQUIRIES SAMPLE: the Inquiries Service; IF SAMPLE PRODUCT TYPE 2: the Pay-for-Use web service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 3: the CD or DVD product or service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 4: the print publication you most recently purchased from CCOHS).</p> <p>IF INQUIRIES USER ASK Q2A OTHERS SKIP TO Q2B</p>

Q2A: M,  
QT

What information did you or your organization last call CCOHS to obtain?

PLEASE CHECK ALL THAT APPLY

AL

- To locate information about: Chemicals or MSDSs
- To locate information about: Ergonomics
- To locate information about: Workplace hazards
- To locate information about: Hazard controls
- To locate information about: Causes of injury and illness
- To locate information about: Health and Safety Program development
- To learn about CCOHS training courses
- To get CCOHS contact information (telephone/fax/e-mail)
- To locate other occupational health and safety resources
- To locate regulatory information about worker / employer rights and responsibilities
- Some other reason
- Don't know/don't remember

Q2B ASK ALL

Q2B: M,  
OPEN  
QT

How did your organization use (IF INQUIRIES SAMPLE: this information; IF SAMPLE PRODUCT TYPE 2: the Pay-for-Use web service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 3: the CD or DVD product or service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 4: the print publication you most recently purchased from CCOHS)

PLEASE CHECK ALL THAT APPLY  
(PROGRAMMER NOTE OTHER SPECIFY)

AL

- For academic or other research purposes
- To resolve a workplace issue
- For education or training purposes
- To assist in developing legislation or standards
- To use with workplace health and safety committees
- For preparing MSDSs
- To assist in complying with occupation health and safety regulations
- For WCB claims
- To gather information on workplace chemicals
- To improve health and safety programs

To develop best practices  
For personal use or information  
For any other purpose not noted above (PLEASE SPECIFY)  
Don't know/not sure

Q3: S,  
QT

Approximately how many people in your organization directly or indirectly used or shared (IF PRODUCT TYPE = 2 OR 3: this product or service/IF PRODUCT TYPE4: this publication/IF INQUIRIES SERVICE: this information?)

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL

One (1)  
2 to 10  
11 to 100  
101 to 500  
More than 500  
Don't know/not sure

Q4: S,  
QT

How frequently do you or someone else in your organization use this information from CCOHS?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL

Daily  
More than once a week  
Once a week  
Several times a month  
Monthly  
Less than once a month  
It was only used once  
Don't Know

IF INQUIRIES USER SKIP TO Q6  
OTHERS TO Q5

Q5: S,  
QT

For how long have you been purchasing or using (IF PRODUCT TYPE = 2 OR 3: this product or service/IF PRODUCT TYPE4: this publication) from CCOHS?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL

Less than 1 year  
One year

Two years  
Three to five years  
Over five years  
It was a one-time purchase  
Don't know/not sure

Q6 ASK ALL

Q6: S,  
QT

(IF PRODUCT type= 2, 3: Are you using this product or service to promote/IF PRODUCT TYPE = 4: Are you using this publication to promote/IF INQUIRIES SERVICE: Is the use of this information related to) changes in the workplace that might improve occupational health and safety?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL

Yes, current changes  
Yes, future/planned changes  
Yes, both current and future changes  
No  
Don't know

Q7: S,  
QT

How satisfied are you with the following aspects of (IF INQUIRIES SAMPLE: this information; IF SAMPLE PRODUCT TYPE 2: the Pay-for-Use web service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 3: the CD or DVD product or service you most recently purchased from CCOHS/IF SAMPLE PRODUCT TYPE 4: the print publication you most recently purchased from CCOHS)?

PLEASE CHECK THE MOST APPROPRIATE ANSWER FOR EACH ASPECT

INSERT MT LIST  
PROGRAMMER: SET UP AS GRID WITH ANSWER CATEGORIES ACROSS TOP

AL

1 - Very Dissatisfied  
2 - Dissatisfied  
3 - Neutral  
4 - Satisfied  
5 - Very Satisfied  
Not Applicable

MT	<p>a) The <b>time required</b> to receive or deliver the (IF PRODUCT type 2,3,4: service or product/IF INQUIRIES: information)</p> <p>b) The <b>completeness</b> of the (IF (IF PRODUCT type 2,3,4: service or product/IF INQUIRIES: information)</p> <p>c) The <b>usefulness</b> of the (IF (IF PRODUCT type 2,3,4: service or product/IF INQUIRIES: information)</p> <p>d) The <b>clarity</b> of the (IF (IF PRODUCT type 2,3,4: service or product/IF INQUIRIES: information)</p> <p>e) The <b>reliability</b> of the (IF (IF PRODUCT type 2,3,4: service or product/IF INQUIRIES: information)</p> <p>(IF INQUIRIES SAMPLE SHOW F AND G) (IF PRODUCT TYPE 2,3,4 SHOW H)</p> <p>f) Has staff understood your question?</p> <p>g) The <b>courtesy</b> of the staff</p> <p>h) The <b>customer support</b> you received from CCOHS</p>
Q8: S, QT	<p>Overall, how satisfied were you with what you obtained from CCOHS?</p> <p>PLEASE CHECK THE MOST APPROPRIATE ANSWER</p>
AL	<p>Very unsatisfied</p> <p>Somewhat unsatisfied</p> <p>Neither satisfied nor unsatisfied</p> <p>Somewhat satisfied</p> <p>Very satisfied</p> <p>Don't know/no opinion</p> <p>IF PRODUCT TYPE 2,3,4 CLIENT ASK Q9 IF INQUIRIES CLIENT SKIP TO Q10A</p>
Q9: S, QT	<p>Thinking about the price you paid for (IF PRODUCT TYPE 2,3: this product or service/IF PRODUCT TYPE = 4: this publication), how would you rate the product in terms of value for money?</p> <p>PLEASE CHECK THE MOST APPROPRIATE ANSWER</p>
AL	<p>Above average value</p> <p>Average value</p>

	Below average value Don't Know/Not Sure
	Q10A ASK ALL
Q10A: S, QT	Are there other occupational health and safety products or services from organizations other than CCOHS that could have been used instead?
	CHECK ONLY ONE
AL	Yes No Don't know
	IF YES AT Q10A ASK Q10B AND 10C OTHERS TO Q11A
Q10B: M* OPEN, QT	Please describe these other occupational health and safety products or services from organizations other than CCOHS that could have been used instead.
	OPEN END
Q10C: S, QT	How do you rate the usefulness of these other products and services relative to those provided by CCOHS?
	PLEASE CHECK THE MOST APPROPRIATE ANSWER
AL	More useful About the same Less useful Don't know/not sure
Q11A: S, QT	Are there any products, services or types of information not currently offered by CCOHS that you believe would help you in your work?
	CHECK ONLY ONE
AL	Yes No Don't know/not sure

Q11B: M* OPEN, QT	IF YES AT Q11A ASK Q11B OTHERS TO Q12
	Please specify what products, services or types of information not currently offered by CCOHS you believe would help you in your work.
	OPEN END
	Q12 ASK ALL
Q12: S, QT	Overall, how important is CCOHS in supporting the occupational health and safety needs of your organization?
AL	PLEASE CHECK THE MOST APPROPRIATE ANSWER  Not at all important Somewhat unimportant Neutral Somewhat important Very important Don't know/no opinion
DISPLAY	The following questions will be used to classify your responses.
QD1: S, QT	What is your main role in your organization?
AL	PLEASE CHECK THE MOST APPROPRIATE ANSWER  Safety Industrial hygiene Medical Regulatory compliance Chemistry - Science - Research Materiel management - Ordering Security - Fire protection Engineering Library Executive or management Production or operations Education/training Clerical/administration Other

QD2: S,  
QT

For what type of organization do you work?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

PROGRAMMER PLEASE NOTE OTHER SPECIFY

AL

Government  
Hospital - Health care facility  
Service sector  
Consulting - Marketing  
Union  
Education  
Health and Safety organization  
Other Not-for-profit - Association  
Manufacturer - goods production  
Utilities  
Transportation/distribution  
Primary industry (Forestry, Mining, etc)  
Other (SPECIFY)

QD3: S,  
QT

In total, how many full-time employees does your organization employ?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL

1 to 19  
20 to 49  
50 to 99  
100 to 199  
200 to 999  
1,000 or more  
Don't Know

QD4: Q,  
QT

RANGE 0 .. 100 DEF 100,  
Approximately what percentage of these employees would be covered by a collective agreement

PLEASE ENTER THE PERCENTAGE - ENTER 0 IF NONE

[PERCENTAGE] OR Don't know/not sure

QD5: S,  
QT

The names of all those completing this survey will be entered into a draw for a free year's subscription to one of CCOHS's database services. The contact information you provide below will be used solely for survey research and verification purposes, and to enter you in the draw. Would you like to be entered in the draw?

PROGRAMMER PLEASE PROVIDE LINK TO REGULATIONS PDF

AL

Yes  
No

IF NO TO QD5 SKIP TO QD6  
IF YES TO QD5 RECORD:

Name: \_\_  
Title: \_\_  
Organization Name: \_\_\_\_  
Address: \_\_\_\_  
City: \_\_\_\_  
Province/State: \_\_  
Country \_\_\_\_  
Postal/Zip Code: \_\_  
Tel:\_( )\_  
Fax\_( )\_  
E-mail\_\_

QD6: S,  
QT

Please indicate if you would like to participate in further research to improve the CCOHS web site. This research could involve either focus groups or future surveys.

AL

Yes  
No

IF NO TO QD5 AND YES TO QD6 RECORD:

Name: \_\_  
Title: \_\_  
Organization Name: \_\_\_\_  
Address: \_\_\_\_  
City: \_\_\_\_  
Province/State: \_\_  
Country \_\_\_\_  
Postal/Zip Code: \_\_  
Tel:\_( )\_  
Fax\_( )\_  
E-mail\_\_

DISPLAY

Thank you for taking the time to complete this questionnaire.

If you had technical difficulties with this survey please report them to [cchos\\_cchst@tns-global.com](mailto:cchos_cchst@tns-global.com).

CCOHS is dedicated to maintaining high quality services and providing the services you need.

FOR PRODUCT/SERVICE CUSTOMER SAMPLE 2,3,4:

If we can be of any assistance, please contact:

Client Services: 1 (800) 668-4284 (Canada/U.S.)

CCOHS

135 Hunter Street East

Hamilton, Ontario

Canada L8N 1M5

Tel: (905) 570-8094

Fax: (905) 572-2206

Web: <http://www.ccohs.ca/clientservices@ccohs.ca>

[technicalsupport@ccohs.ca](mailto:technicalsupport@ccohs.ca)

FOR INQUIRIES SAMPLE:

To contact the Inquiries Service:

Call: (905) 572-44001-800-263-8466 (toll free)

Write:

CCOHS

135 Hunter Street East

Hamilton, Ontario

Canada L8N 1M5

Fax: (905) 572-4500

E-mail: [inquiries@ccohs.ca](mailto:inquiries@ccohs.ca)