Thank you for taking time to complete this survey. Your responses will be kept confidential. This survey will help the Canadian Centre for Occupational Health and Safety improve the quality of the services it provides to you. When you complete the survey you may choose to be entered in a draw for one of CCOHS’s web based products up to a value of $100. If you require any technical assistance with the survey contact Patrick Graham (Patrick.graham@tns-global.com).

Q1: M, QT

What did you come to the CCOHS web site to do today?

PLEASE CHECK ALL THAT APPLY

AL
To locate information about: Chemicals or MSDSs
To locate information about: Workplace hazards
To locate information about: Hazard controls
To locate information about: Injury and illness prevention
To locate information about: H&S Program development
To learn more about products and services
To read about news and events
To use a web service (subscription or academic program)
To subscribe to a for-fee web service
To subscribe to a free web service (eg. H&S report, HS-Canada)
To learn about CCOHS training courses
To get CCOHS contact information (telephone/fax/e-mail)
To locate other occupational health and safety sites and resources
To locate authorized distributors of CCOHS products
Just looking - for future reference
Some other reason
Don't know/don't remember

Q2: S, QT

Did you find the information you were looking for?

PLEASE CHECK ONLY ONE
AL
Yes - I found what I was looking for
No - but I found other useful information
No - I did not find the information I need
Not yet - I am still looking

Q3: M
Q4: S
QT
(IF YES AT Q2: Will the information you found today be used... (IF NO OR NOT YET AT Q2: When you locate this information, how will it be used...?)

PLEASE CHECK ALL THAT APPLY

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
Don't know/not sure

Q4: S
QT
Approximately how many people in your organization could, or will, directly or indirectly benefit from 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

DEMO
The following questions will be used to classify your responses.

QD1: S
QT
What is your main role in your organization?

PLEASE CHECK THE MOST APPROPRIATE ANSWER

AL
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

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

QD3: S,
QT Where are you located?

AL Eastern Canada
Central Canada
Western Canada
USA
Other

QD4: S,
QT The names of all those completing this survey will be entered in a draw for one of CCOHS’s web based products up to a value of $100. 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?

AL Yes
No

IF NO TO QD4 SKIP TO QD5
IF YES TO QD4 RECORD:

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

QD5: 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 QD4 AND YES TO QD5 RECORD:

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

Thank you for taking the time to complete this questionnaire. If you have any questions, please contact Bonnie Easterbrook at 905-572-2981, extension 4401 or by e-mail at bonniee@CCOHS.ca