



**Instructions**

- You may submit the completed form in one of three ways listed below.
  - Online: [www.bwc.ohio.gov](http://www.bwc.ohio.gov)
  - Fax: 614-365-4971
  - Mail: Ohio Bureau of Workers' Compensation  
Attention: Industry-Specific Safety Program  
30 W. Spring St., 25<sup>th</sup> Floor  
Columbus, OH 43215-2256

Company name	Policy number
Name of person completing the survey	Service date
Name of consultant who performed the on-site service	

Did you receive a report related to the on-site consultation/training? ☐ Yes ☐ No

If you answered **No**, please wait until you have the consultant's report before completing this survey since several questions relate to the report you will receive.

**Select one service**

- ☐ Company-specific safety training
- ☐ Customer-safety team development
- ☐ Ergonomics assessment
- ☐ Industrial hygiene assessment
- ☐ Safety-hazard assessment for construction
- ☐ Safety-hazard assessment for general industry
- ☐ Safety-management process evaluation
- ☐ Safety program/process development

	Excellent	Good	Fair	Poor
Rate the timeliness of the report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the overall quality of the report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the timeliness of the response to your request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the knowledge of the consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the likelihood that you will make changes based on the services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the benefit and value of the service provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you intend to use the Division of Safety & Hygiene for future on-site consultation/training? ☐ Yes ☐ No ☐ Maybe

**Comments**

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