



Springfield Gas System Survey Questions For Affected Public

Name: _____ Date: _____

Springfield Gas System believes it is important to get feedback from people such as you about pipeline safety. We would like to ask you a few questions and would greatly appreciate your candid answers. The information on your particular response will be kept confidential.

1) In the last year [or 2 years], have you seen or heard any information from Springfield Gas System relating to pipeline safety? *[Yes or No]* _____

If yes:

1a What was the source of the information (check all that apply):

- a. Written material (brochure, flyer, handout)
- b. Radio
- c. TV
- d. Newspaper ad or article
- e. Face-to-face meeting
- f. Posted information (e.g., on or near pipeline)
- g. Other: _____

1b About how many times did you see information on pipeline safety in the last year? _____

2) Have you or has anyone in your household ever tried to get information about pipeline safety in the last 12 months? *[Yes or No]* _____

If yes:

2a Where did you try? Check all that apply:

- a. Internet
- b. Call
- c. Letter
- d. Visit
- e. Other: _____

3) Do you live close to an oil or gas pipeline? *[Yes, no, do not know]* _____

If yes:

3a Where is it (or how close are you to it)? _____

4) What would you do in the event you were first to see damage to a pipeline? *[Check all that apply]*

- a. Call 911
- b. Call pipeline company
- c. Flee area
- d. Nothing (not my responsibility)
- e. Other: _____



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5) What would you do if you saw someone intentionally trying to damage a pipeline? *[Check all that apply]*

- a. Call 911
- b. Call pipeline company
- c. Flee area
- d. Nothing (not my responsibility)
- e. Other: _____

6) Have you ever called a pipeline company, 911, or anyone else to report suspicious or worrisome activity near a pipeline? *[Yes or No]* _____

If yes:

6a What did you report:

- a. Break
- b. Product release
- c. Digging
- d. Other: _____

7) Have you or has anyone in your household [or company if a business] ever encountered a damaged pipeline or product released from a pipeline? *[Yes or No]* _____

If yes, what did you do?

8) Have you ever passed information about pipeline safety to someone else? *[Yes or No]* _____

If yes, what information and to whom?

9) Has anyone in your household or have nearby neighbors ever had any injuries or damage associated with a pipeline break or spill? *[Yes or No]* _____

If yes, describe event: _____

10) Do you agree or disagree that Springfield Gas System has been doing a good job of informing people like you about pipeline safety?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

If you disagree, please explain why?

