

PUBLIC PARTICIPATION CUPA PROGRAM EVALUATION FORM

(OPTIONAL)

NAME:	
PHONE:	
ADDRESS:	

1. Which of the following hazardous materials handling programs applies to your business? Check all that apply.

- a. Hazardous Materials Business Plan _____
- b. Hazardous Waste Generator _____
- c. Underground Storage Tank(s) (UST) _____
- d. Spill Prevention Counter Measures Plan (SPCC) _____
- e. Above Ground Storage Tank(s) (AST)(APSA) _____
- f. California Accidental Release Program (CalARP) _____
- g. California Environmental Reporting System (CERS) _____

2. Please comment regarding your experience obtaining the required Health Department applications, information, inspections and/or approvals necessary for your business;

A. How would you define the overall process?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

B. With regards to interaction with the Health Department personnel:

a) Was the staff member you worked with courteous?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

b) Were you satisfied with the service provided by the CUPA overall?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

c) Did you receive timely response to your requests for assistance?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

d) Was the staff member you worked with knowledgeable and helpful?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

C) Do you have any comments or suggestions that you would like to provide for consideration to improve the Hazardous Materials handling programs?
