



**SPRINGFIELD GAS SYSTEM SURVEY QUESTIONS FOR
LOCAL GOVERNMENT/PUBLIC OFFICIALS**

NAME _____

ADDRESS _____

PHONE _____

OCCUPATION _____

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. Do you have natural gas pipelines running through your community? _____
2. Do you know the name of your local natural gas company? _____
2a. If yes, who? _____
3. Have you heard or seen a message regarding natural gas safety in the last 12 months? _____
3a. If yes, about how many? _____
4. Before today, about when was your last contact with someone from the natural gas industry related to pipeline safety? _____ (If known, fill in approximate date or number of weeks, months, or years ago.)
5. Do you have the number to call in the natural gas company if there is an incident or you need more information? _____
6. Do you know who regulates the natural gas company in this State? _____ (If no, they should be informed about it.)
7. Do you know what precautions an excavator should take prior to digging, to avoid accidentally hitting a natural gas pipeline? _____
7a. If yes, what are they? _____
8. Are you familiar with the one-call line? _____
9. How would you rate the adequacy of information you have about natural gas safety (e.g., how to recognize a leak, what to do when there is a leak, what first responders should do, etc.)? About right? ___ Too much? ___ Not enough? ___
10. Does your community have an emergency response plan to deal with a natural gas leak (regardless of whether intentional or accidental)? _____
11. Are you aware of any pipeline leaks that occurred in your community in the last 2 years? _____
11a. If yes, how many? _____
11b. What were they? _____

12. Have any of your local citizens or businesses expressed concern in the last 12 months about any issue regarding natural gas safety? _____(Y/N)

12a. If yes, what was it? _____

13. Overall, do you feel the natural gas industry has an adequate public safety awareness program?

Definitely yes _____ Pretty much so _____ Not sure _____ Don't know _____

Probably not _____ Definitely not _____

14. Do you know how to contact the local natural gas company if there is an incident, or if you need more information? _____

15. Have you seen, heard, or received any information regarding natural gas safety in any media in the last year? _____

15a. If yes, do you recall what? _____

16. Have you or anyone else in your department to your knowledge met with any representatives of the natural gas company to discuss pipeline safety within the last 12 months, prior to today?

16a. If yes, when? _____

16b. With whom? _____

17. Do you have a response plan or SOPs for responding to a natural gas incident, such as a leak?

18. Have you done any practical training to deal with a leak? _____

19. Do you feel reasonably well prepared to deal with a natural gas leak, should one occur in your community? _____

If not, in what areas are there deficiencies? (Check all that apply.)

Training _____ Special Equipment _____ Knowledge about leaks _____

Inherent dangers _____ Other: (Write in.) _____

20. If you heard a report of a natural gas leak right now, what actions would you or your department take? [Write in the steps.]

21. Do you know if there were any natural gas leaks within the last two years in your community?

21a. If yes, about when? _____

21b. What was the incident? _____

21c. Did the department respond? _____

21d. If yes, Do you feel the department dealt with the incident in a satisfactory manner? _____