



**SPRINGFIELD GAS SYSTEM SURVEY
QUESTIONS FOR AFFECTED PUBLIC**

NAME _____

ADDRESS _____

PHONE _____

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:

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:

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: _____

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? _____
