## Your feedback is important!!

## **County:**

Please complete the short survey below based on the information. Your response will allow us to measure the overall understanding of pipeline safety in America, and assist in continuous improvement of our communications. Thank you for your help.

1.	Within the past 12 months, do you recall receiving information from a pipeline company?			Yes			No		
2.	Do you know how to recognize a pipeline right-of-way?				Yes		No		
3.	Have you heard of 811?				Yes		No		
ŀ.	Are you aware of the prevention measures pipeline companies take to maintai operations?	n safe		•	Yes		No		
5.	Do you know how to recognize a pipeline leak?			,	Yes		No		
5.	How would you know if there is a pipeline near you? (mark all that apply)	Pipeline Marke	Pipeline Marker F		Received Mailing Line I		e Runs thro	Runs through property	
7.	Which of the following is the safest way for transporting oil or natural gas? (mark one)	Tanker Truck		Rail Ca	ır F	Pipeline	Barge		
3.	If you were planning on digging, which of the following actions would you be likely to take? (mark all that apply)	Call 911	Call 81	1	Call Pipe	line Co	Don't	Know	
9.	How often do you check to see if a pipeline exists, and where it is located, prior to digging? (mark one)	Always	Usually	ý	Sometim	es Rar	rely	Never	NA
10.	What would you likely do if you saw suspicious or construction related activity on or near a pipeline right-of-way? (mark all that apply)	Call 911	Call Pi	Pipeline Co.		Call 811	Nothi	ng	
11.	What would you do in the event of a pipeline emergency? (mark all that apply)	Call 911	Call Pipeline Co.		o. ]	Flee the Area		Nothing	
	Name:	Agency: Address:							
	Telephone:								
	Date:								