

# Feedback Form

Alberta Transportation would like your feedback on the document “Commercial Vehicle Safety Compliance in Alberta”. All responses are kept confidential and will be grouped with other responses to provide an overall evaluation of the document. Please send the completed form to:

Director, Carrier Services Section  
 #401, 4920 – 51 Street  
 Red Deer, AB T4N 6K8

Phone: (403) 755-6111 (toll free in Alberta by first dialing 310-0000)  
 Fax: (403) 340-4811

**Date survey completed:** \_\_\_\_\_

**1. How did you get a copy of the document *Commercial Vehicle Safety Compliance in Alberta*?**

- |  |  |
|--|--|
| <input type="checkbox"/> Department information (email, mail, etc.)<br><input type="checkbox"/> Another carrier<br><input type="checkbox"/> Web site – Specify site: _____ | <input type="checkbox"/> Industry Association – Specify: _____<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Other – Specify: _____ |
|--|--|

**2. The following questions will help us determine the usefulness of the content available in the document. Please choose one answer for each part.**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion
a. The information was easy to find.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The information was easy to read and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The information was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I will be able to apply this information to my company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There was enough information provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What information, if any, would you like to see added to the document?	_____				
g. What information, if any, should be deleted from the document?	_____				
h. What information was most useful to you?	_____				

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i. Did you use the information in the document?  Yes  No – Why not?

j. Did you use the sample forms provided in the document?  Yes  No – Why not?

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k. Did this document assist you in improving your compliance with the Hours of Service Regulations?  Yes  No – Why not?

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l. Would you recommend this document to others?  Yes  No – Why not?

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**3. The following questions help us understand how the needs and views of users are different. This will help improve our information products. All answers will be kept confidential.**

a. Which type of transportation industry sector(s) are you employed in? (select all that apply):

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|---|---|
| <input type="checkbox"/> Oilfield Service                       | <input type="checkbox"/> Passengers                     |
| <input type="checkbox"/> General Freight (less than truck load) | <input type="checkbox"/> Log Hauling (excluding lumber) |
| <input type="checkbox"/> Truck Load (van or flat deck trailers) | <input type="checkbox"/> Building or Modular Home       |
| <input type="checkbox"/> Heavy Equipment (incl. construction)   | <input type="checkbox"/> Livestock                      |
| <input type="checkbox"/> Dangerous Goods – bulk                 | <input type="checkbox"/> Other Commercial Farm Products |
| <input type="checkbox"/> Dangerous Goods – non-bulk             | <input type="checkbox"/> Gravel/Rock/Dirt/Aggregates    |
| <input type="checkbox"/> Bulk – Liquids (non-dangerous goods)   | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Bulk – Dry (non-dangerous goods)       | _____   |

b. Approximately how many NSC power units are registered to your company?

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 1       | <input type="checkbox"/> 20 – 49     |
| <input type="checkbox"/> 2 – 4   | <input type="checkbox"/> 50 – 99     |
| <input type="checkbox"/> 5 – 9   | <input type="checkbox"/> 100 – 199   |
| <input type="checkbox"/> 10 – 19 | <input type="checkbox"/> 200 or more |

c. What is your current occupation or position? (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Carrier Owner                                | <input type="checkbox"/> Owner/Operator (no other drivers except owner) |
| <input type="checkbox"/> Safety Supervisor                            | <input type="checkbox"/> Government employee                            |
| <input type="checkbox"/> Driver                                       | <input type="checkbox"/> Safety Consultant                              |
| <input type="checkbox"/> Other transportation worker (specify): _____ | <input type="checkbox"/> Other (please specify): _____                  |
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d. **If you would like a response to your comments**, please provide the following information:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**4. Other  
Comments:**

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*Thank you for taking the time to provide us with your feedback. Alberta Transportation values everyone's opinion.*