

**SISKIYOU COUNTY  
PUBLIC PARTICIPATION  
CUPA PROGRAM EVALUATION SURVEY**

(OPTIONAL)

NAME:	
PHONE:	
ADDRESS:	

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

- a. Hazardous Materials Business Plan \_\_\_\_\_
- b. Hazardous Waste Generator \_\_\_\_\_
- c. Underground Storage Tank (UST) \_\_\_\_\_
- d. Aboveground Petroleum Storage Act (APSA) \_\_\_\_\_
- e. California Accidental Release Program (Cal ARP) \_\_\_\_\_

2. Please comment regarding your experience obtaining the required Environmental Health 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 Environmental Health 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 a 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 for improving the Hazardous Materials/Waste programs?

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