



Hawaii Department of Health Customer Satisfaction Survey

Rev. 4/08

To assist the Compliance Assistance Office (CAO) in addressing the environmental permitting needs of small businesses, please complete this brief survey regarding your experience applying for each environmental permit. This survey can also be found online at <http://www.hawaii.gov/health/environmental/compliance/index.html>. For each question, please clearly mark the most appropriate number, from 1 (strongly disagree) to 5 (strongly agree) and provide any additional comments in the spaces provided. After completing this survey, please fold and mail it to the address on page two or fax to 808-586-7236. Or, save paper and postage by pressing the "Submit by Email" button at the bottom of page two. **Your name/alias and email address will not be kept or shared.**

Permit type: _____

☐ **Please keep my survey confidential***

I am the: ☐ owner/manager ☐ consultant.

	Strongly Disagree			Strongly Agree		
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	1	2	3	4	5	N/A
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1) Information requests on the permit application were easy to understand.

Please specify which items, if any, were particularly unclear:

2) Explanations with the permit application form were helpful.

Please specify which items, if any, were not helpful:

3) Information on the DOH internet site was helpful.

Please specify which items, if any, you were unable to find on the DOH's internet site (<http://www.hawaii.gov/health/environmental/>):

4) When I needed assistance, staff were helpful.

Please specify the name(s) of any staff you spoke with, including how prompt and helpful they were:

* Surveys are collected and secured by the Department of Health Compliance Assistance Office, a non-regulatory office that assists businesses in complying with environmental regulations. Surveys requesting confidentiality will not be shown to the permitting authority; however, a summary of the comments and scores may be shown. Contact CAO at 808-586-4528 with any questions.

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- 5) I was able to provide all the information requested on the permit application form before submitting it. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Please specify which items, if any, you could not answer on the form:

- 6) If permit applications were on the internet or available via other electronic means, I would apply online. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

- 7) I would like to attend training on how to properly complete this type of permit application and to insure that I comply with regulations. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Please contact the Compliance Assistance Office for training opportunities.

- 8) Which aspects of environmental permits are most important to you? (check the top three)

- | | | |
|---|---|---|
| <input type="checkbox"/> Easy application forms | <input type="checkbox"/> Internet resources | <input type="checkbox"/> Easy permit conditions |
| <input type="checkbox"/> Clear instructions | <input type="checkbox"/> Training | <input type="checkbox"/> Quick approval |
| <input type="checkbox"/> Personal assistance | <input type="checkbox"/> Low fees | <input type="checkbox"/> Low cost of compliance |

- 9) Other comments/suggestions on this permit application process:

Thank you very much for your cooperation!

-----Fold here to mail-----

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Department of Health
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Honolulu, HI 96801

Place
Stamp
Here

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