

Draft Questionnaire of Individuals on IRP Contact List

June 6, 2016

The Independent Review Panel (IRP), which was created by legislation in 2015 to review and make recommendations regarding improvements to the Department of Toxic Substances Control's permitting, enforcement, public outreach, and fiscal management, is interested in your thoughts on the challenges facing the department's programs and ideas on how to overcome them. Please take a few minutes to answer the following questions. Your responses will not be personally identifiable to the IRP unless you provide your name or contact information.

Note: Survey allows respondents as much space as needed for open-ended questions.

Note: Respondents must answer questions marked with an asterisk in order to continue with survey.

1. How would you rate the performance of DTSC's Permitting Program? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 2. If respondent checks the "Don't know" box, he or she is directed to Question 3.

2. Please help us understand the reason or reasons for your Permitting Program performance rating.

3. Do you have a suggestion or suggestions to improve the Permitting Program? *

- Yes
- No

If respondent checks the box for "Yes," he or she is directed to Question 4. If respondent checks the box for "No," he or she is directed to Question 5.

4. Please give us your suggestion or suggestions to improve the DTSC Permitting Program.

5. How would you rate the performance of DTSC's Enforcement Program? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 6. If respondent checks the "Don't know" box, he or she is directed to Question 7.

6. Please help us understand the reason or reasons for your Enforcement Program performance rating.

7. Do you have a suggestion or suggestions to improve the DTSC Enforcement Program? *

- Yes
- No

If respondent checks the box for "Yes," he or she is directed to Question 8. If respondent checks the box for "No," he or she is directed to Question 9.

8. Please give us your suggestion or suggestions to improve the DTSC Enforcement Program.

9. How would you rate the performance of DTSC's Public Outreach Program? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 10. If respondent checks the "Don't know" box, he or she is directed to Question 11.

10. Please help us understand the reason or reasons for your Public Outreach Program performance rating.

11. Do you have a suggestion or suggestions to improve the DTSC Public Outreach Program? *

- Yes
- No

If respondent checks the box for "Yes," he or she is directed to Question 12. If respondent checks the box for "No," he or she is directed to Question 13.

12. Please give us your suggestion or suggestions to improve the DTSC Public Outreach Program.

13. How would you rate the performance of DTSC's Fiscal Management? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 14. If respondent checks the "Don't know" box, he or she is directed to Question 15.

14. Please help us understand the reason or reasons for your Fiscal Management performance rating.

15. Do you have a suggestion or suggestions to improve DTSC's Fiscal Management? *

- Yes

No

If respondent checks the box for "Yes," he or she is directed to Question 16. If respondent checks the box for "No," he or she is directed to Question 17.

16. Please give us your suggestion or suggestions to improve the DTSC's Fiscal Management Program.

17. How would you rate the performance of DTSC's Site Mitigation, Brownfields and Environmental Restoration Program? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 18. If respondent checks the "Don't know" box, he or she is directed to Question 19.

18. Please help us understand the reason or reasons for your Site Mitigation, Brownfields and Environmental Restoration Program performance rating.

19. Do you have a suggestion or suggestions to improve DTSC's Site Mitigation, Brownfields and Environmental Restoration Program? *

- Yes
- No

If respondent checks the box for "Yes," he or she is directed to Question 20. If respondent checks the box for "No," he or she is directed to Question 21.

20. Please give us your suggestion or suggestions to improve the DTSC's Site Mitigation, Brownfields and Environmental Restoration Program.

21. How would you rate the performance of DTSC's Source Reduction and Consumer Products Programs? *

- Excellent
- Good
- Satisfactory
- Inadequate
- Very inadequate
- Don't know

If respondent checks any of the first five boxes, he or she is directed to Question 22. If respondent checks the "Don't know" box, he or she is directed to Question 23.

22. Please help us understand the reason or reasons for your DTSC's Source Reduction and Consumer Products Programs performance rating.

23. Do you have a suggestion or suggestions to improve DTSC's DTSC's Source Reduction and Consumer Products Programs? *

- Yes
- No

If respondent checks the box for "Yes," he or she is directed to Question 24. If respondent checks the box for "No," he or she is directed to Question 25.

24. Please give us your suggestion or suggestions to improve the DTSC's DTSC's Source Reduction and Consumer Products Programs.

25. What is the DTSC's biggest challenge? *

26. What solutions do you recommend to overcome DTSC's biggest challenge?

27. Do you have any other comments, questions, or concerns?

28. Please check as many of the following as apply to you: *

- DTSC employee
- Former DTSC employee
- Owner or employee of regulated facility
- Representative of regulated facility
- Member of community impacted by regulated facility
- Representative of community impacted by regulated facility
- Elected public official
- Non-elected, non-DTSC public official
- Other

29. Optional contact information:

Name _____

Company/Agency _____

Address _____

City _____

US State _____

ZIP _____

Phone _____

Email address _____

Thank you for providing the IRP with important information. For more information on the IRP and its work to date, visit the Panel's website

at: <https://www.dtsc.ca.gov/GetInvolved/ReviewPanel/Independent-Review-Panel.cfm>