

City of Scott Gas System

Affected Public Survey Questions

PLEASE complete this form and return it to the City Hall.
This survey is required for pipeline safety regulation compliance.

Date: _____

OUTREACH:

1. In the last year have you seen or heard any information from the City of Scott relating to pipeline safety?
Yes ___ No ___
2. Have you, or anyone in your household, ever tried to obtain information about pipeline safety in the last twelve (12) months? Yes ___ No ___

KNOWLEDGE:

3. Do you live close to a petroleum or gas pipeline?
Yes ___ No ___ Do Not Know ___
4. What would you do if you discovered a damaged pipeline?
[Can check more than one]
 - a. Call 911
 - b. Call pipeline operator
 - c. Flee area
 - d. Nothing (not my responsibility)
 - e. Other: _____
5. What would you do if you saw someone intentionally trying to damage a pipeline?
[Can check more than one]
 - a. Call 911
 - b. Call pipeline operator
 - c. Flee area
 - d. Nothing (not my responsibility)
 - e. Other: _____

BEHAVIOR:

6. Have you ever called a pipeline operator, 911, or anyone else to report suspicious or worrisome activity near a pipeline? Yes ___ No ___
7. Have you, or anyone in your household (or company if a business), ever encountered a damaged pipeline or product released from a pipeline?
Yes ___ No ___
8. Have you ever passed information about pipeline safety to someone else?
Yes ___ No ___

OUTCOME:

9. Has anyone in your household, or nearby neighbors, ever had any injuries or damage associated with a pipeline break or spill? Yes ___ No ___

ATTITUDE:

10. Has the City of Scott gas system been doing a good job of informing people like you about pipeline safety?
Yes ___ No ___