

POOL AND WATER ATTRACTIONS OPERATOR SURVEY

Dear Operator,

The Food Safety and Recreational Licensing Section (FSRL), Wisconsin Department of Health Services, is performing a customer service assessment to evaluate the effectiveness of our pool and water attractions inspection program and to determine how we can better serve our licensed operators.

Completion of this survey is voluntary. Your anonymous feedback regarding our services is appreciated. Thank you for taking time to help us improve.

Please rate the following statements/questions regarding your last inspection by circling one of the choices provided.

1. Overall, how would you rate the last inspection service provided by the inspector?

Excellent Good Neutral Fair Poor

2. The inspector treated me with respect.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The inspector treated me fairly.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The inspector asked questions about the facility's operation, activities, policies, and procedures. (For example: Lifeguard staffing plan, Virginia Graeme Baker Act documents; Fecal Incident Response Report; Death, Injury and Illness Report; engineer's slide report.)

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. The inspector effectively performed an exit interview and reviewed the inspection report with me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The inspector provided education and options/ideas to correct unsafe practices identified during the inspection.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

7. Inspection services and follow-ups provided by FSRL are important to my business.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. If you have taken the CERTIFIED POOL OPERATORS COURSE, you found that this course provided the tools to manage the pool/water attractions at a much higher level. If you have not taken this course, select "Course Not Taken".

Strongly Agree Agree Neutral Disagree Strongly Disagree Course Not Taken

9. County facility is located in: _____
(Provide only the name of the county in which your facility is located. It is not necessary to provide the facility name.)

10. What, if anything, would you change about the pool/water attractions inspection program to improve it?

Thank you for responding.
Mail completed survey to:
Division of Public Health
Food Safety and Recreational Licensing
P.O. Box 2659
Madison, WI 53701-2659