

We Need Your Feedback

The following information will help us assess your readiness for electronic reporting.

Please complete this questionnaire and either:

- Leave it with us at the end of the presentation, OR
- Mail the completed questionnaire to:

Drinking Water Quality Monitoring Project
Monitoring Division
Alberta Environment
11th Floor Oxbridge Place
9820- 106 St.
Edmonton, Alberta Environmental Protection T5K 2J6

OR

- Fax the completed questionnaire to:

Drinking Water Quality Monitoring Project
Monitoring Division
Alberta Environment
FAX: 780/427-7958

Your name _____

Name of your Operation _____

Your Approval ID _____

- Does the Water Treatment Plant you operate currently have access to the Internet (Y/N):
 - at the plant _____
 - elsewhere (e.g. at town office) _____
- If you have web access, which web browser and version do you currently use?
 - Internet Explorer Version _____
 - Netscape Navigator Version _____
 - Other _____, Version _____

- Do the staff who would be responsible for reporting for the Approved Operation have basic skills:
 - in the use of a Web Browser ? _____ (Y/N)
 - in the use of electronic forms? _____ (Y/N)
- Would designated staff require basic Internet training? _____ (Y/N)
- What would be your preferred mode(s) of training in use of electronic forms:
 - Web-based training (e.g. tutorial) _____ (Y/N)
 - Step by step manual _____ (Y/N)
 - Face to face or "classroom" training _____ (Y/N)
 - If face to face training is preferred, would you or your staff be able to travel to a central location to permit group training? _____ (Y/N)
- What would be the best place to direct people if they had a question about current operations or the quality of drinking water from the plant you operate?
 - A phone number for public inquiries _____ (Y/N).
If so, what number? _____ - _____ - _____
 - A website _____ (Y/N)
If so, what is the url of your website? _____

Thank you for your cooperation!