

A. What is the primary function of your company?

Mark your answer on the Response Check, at the bottom of the next page. (Mark only 1 number):

- | | |
|--|---|
| 1. General Automotive Repair (including gas stations with on site general automotive repair) | 4. Car Wash |
| 2. Quick Lubrication/Fluids service | 5. Automobile and/or light truck service department |
| 3. Specialty Automotive Repair (brake, muffler, alignment, tire, transmission, radiator, etc.) | 6. Bus/Transit Fleet service facility |
| | 7. Common & Contract carrier maintenance facility |
| | 8. Truck and/or heavy equipment dealer service department |
| | 9. Other |

B. How is your business organized?

Mark the one answer which most closely describes your business organization on line B. of the Response Check (Please mark only 1 number):

- | | |
|--|--|
| 10. Independent Shop with Single Location | 14. Fleet Service Department or Division |
| 11. Independent Business with Multiple Locations | 15. Group Buying Organization |
| 12. Single Unit of a Franchise or National Chain | 16. Other |
| 13. Multi-Unit Franchise | |

C. What is your job title?

Mark the one answer which most closely describes **YOUR title or job responsibility** (Mark only 1 number):

- | | |
|---------------------------------|----------------------------------|
| 17. President/Owner/CEO | 20. Lead Mechanic/Supervisor |
| 18. Manager | 21. Purchasing/Financial Manager |
| 19. Maintenance/Service Manager | 22. Other |

D. How many service bays do you have at your average location?

If you have only one location mark the answer which applies to that location. If you have multiple locations, estimate the average number of bays. (Please mark only 1 number):

- | | | | |
|----------|--------------|--------------|--------------------|
| 23. None | 24. 1-2 bays | 25. 3-5 bays | 26. 6 or more bays |
|----------|--------------|--------------|--------------------|

E. How many of each of these bay types do you have?

Under each drawing, mark one answer from each column to indicate the number of each type of service bay at your location on line E of the Response Check. (Please mark one number from each column).



How many Standard Bays?

- 27. None
- 28. 1-2 bays
- 29. 3-5 bays
- 30. 6 or more



How many Lift Bays?

- 31. None
- 32. 1-2 bays
- 33. 3-5 bays
- 34. 6 or more



How many Open Pit Bays?

- 35. None
- 36. 1-2 bays
- 37. 3-5 bays
- 38. 6 or more



Full Basement Service Bays?

- 39. None
- 40. 1-2 bays
- 41. 3-5 bays
- 42. 6 or more

F. How do you influence the purchase of safety equipment?

On line F please mark the number corresponding to the statement which most closely describes **your role in purchasing safety equipment**. (Please mark only 1 number):

- | | |
|---|--|
| 43. I am the primary buyer/specifier of safety equipment for my company | 46. I provide input for vendor and safety equipment selection |
| 44. I recommend the type of safety equipment to another | 47. I am interested in safety equipment but am not involved in the selection process |
| 45. I request bids and/or select the vendor only for safety equipment | 48. None of the above |

G. What do you already have?

Using the table at right and the numbers in column G, please mark off all the **safety devices presently used or installed at your location**. (Mark all which apply)

Table for Questions G, H & I

	G.	H.	I.
Bay Door Alarm	49	61	73
Carbon Monoxide Detector	50	62	74
Eye Wash Unit	51	63	75
Fire Extinguisher	52	64	76
First Aid Kit	53	65	77
Hard Hat	54	66	78
Haz-Mat Blanket	55	67	79
Hearing Protectors	56	68	80
Pit Cover	57	69	81
Safety Glasses	58	70	82
Smoke/Heat Detector	59	71	83
Does Not Apply	60	72	84

H. What do you plan to buy?

Using the table and numbers in column H, mark the **safety devices you either plan to purchase or would like to see purchased, in the future, for your location** (Check all which apply)

I. What is the single most important safety device on the list you do not have?

Using the table and the numbers in column I, please mark the **one safety device you currently do not have which you believe would have the greatest value in increasing safety at your location**. (Please mark only 1)

J. What was the single most important reason for your last purchase of safety equipment?

Mark your answer on Line J of the response check. (Please check only 1)

- | | |
|--|---------------------------------|
| 85. OSHA Requirement | 90. Insurance Requirement |
| 86. Concern for Customer Safety | 91. Insurance Premium Reduction |
| 87. Concern for Employee Safety | 92. None of the above |
| 88. Enhances customer's perception of our location | 93. Does Not Apply |
| 89. Eliminates or reduces potential of legal costs | |

RESEARCH RESPONSE CHECK

WHIPPLE

Date: May 18, 1995

5:133 0110

FOR THE DELTA OF 900 \$ 2.00

To the

Order of:

20100 Jones Station

Research Response Check

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93

Research Response

Note: Fill out responses K through Z on the Response Check on page 7

K. How much do you estimate is spent per year on safety devices at your location?

For your location or the average location, mark your estimate of annual expenditures for safety equipment on line K.
(Please mark **only 1**)

94. \$0-99	96. \$200-499	98. \$1,000-1,999	100. \$4,000+
95. \$100-199	97. \$500-999	99. \$2,000-3,999	101. Don't Know/NA

L. Where have you learned about new safety devices?

Using the table at right mark all the sources of information where you have learned about safety devices and equipment for your business on line L.
(Please mark **all which apply**)

Table for Questions L & M

	L.	M.
Advertisements	. . . 102	. . . 112
Articles in Trade Magazines	. . . 103	. . . 113
Direct Mail	. . . 104	. . . 114
Equipment Supplier/Distributor	. . . 105	. . . 115
Government Publications	. . . 106	. . . 116
Insurance Company	. . . 107	. . . 117
Dealer/Franchise Updates	. . . 108	. . . 118
Telemarketing	. . . 109	. . . 119
Trade Shows	. . . 110	. . . 120
Other	. . . 111	. . . 121

N. What trade shows do you attend?

On line N. of the Response Check, please indicate which of the **trade shows or exhibitions listed you either plan to attend or have attended** in the past. (Please mark **all which apply**.)

122. American Oil Change Association Exhibition
123. American Trucking Association Exhibition
124. Automotive Aftermarket Industry Week (SEMA/AAIW Show)
125. Bus Expo
126. Community Transportation EXPO '95
127. International Carwash Assoc. Annual Convention (ICA Show)
128. International Trucking Exhibition
129. National Tire Dealers and Retreaders Association Trade Show
130. National Automotive Dealers Association (NADA) Show
131. National Truck Equipment Association Convention & Exhibition
132. Mid-America Trucking Exhibition
133. Pickup and Delivery Expo International
134. The Maintenance Council's Transportation Equipment Exhibition
135. I attend trade shows, but none of the above
136. I don't attend trade shows.

O. What publications do you receive?

Using the table at right and the numbers in column O, please mark which publications you receive or subscribe to. (Please mark **all which apply**)

Table for O, P & Q

	O.	P.	Q.
Automotive Fleet	. . . . . 137	. . . . . 153	. . . . . 169
Commercial Carrier Journal	. . . . . 138	. . . . . 154	. . . . . 170
Convenient Auto Svces, Retailer	. . . . . 139	. . . . . 155	. . . . . 171
Fleet Owner	. . . . . 140	. . . . . 156	. . . . . 172
Heavy Duty Trucking	. . . . . 141	. . . . . 157	. . . . . 173
Import Service	. . . . . 142	. . . . . 158	. . . . . 174
Modern Truck Stop	. . . . . 143	. . . . . 159	. . . . . 175
Motor Service	. . . . . 144	. . . . . 160	. . . . . 176
Motor	. . . . . 145	. . . . . 161	. . . . . 177
Motor Age	. . . . . 146	. . . . . 162	. . . . . 178
National Oil & Lube News	. . . . . 147	. . . . . 163	. . . . . 179
Professional Carwashing & Detailing	. . . . . 148	. . . . . 164	. . . . . 180
Professional Tool & Equip. News	. . . . . 149	. . . . . 165	. . . . . 181
Service Insights	. . . . . 150	. . . . . 166	. . . . . 182
Transport Topics	. . . . . 151	. . . . . 167	. . . . . 183
Undercar Digest	. . . . . 152	. . . . . 168	. . . . . 184

P. Which publication is most informative about your industry?

Selecting a number in column P, please indicate the one publication you find most helpful or informative about your industry.
(Please mark **only 1**)

Q. Which publication would you use to locate a supplier of safety equipment?

From column Q mark the one publication where you would expect to locate a supplier of safety products and equipment. (Please mark **only 1**)

R. What safety product manufacturers are you familiar with?

Using the table at right and the numbers in column R, mark all the brands and manufacturers you are familiar with. (Please mark **all which apply**)

Table for R, S & T

	R.	S.	T.
Ace Systems	. . . . . 185	. . . . . 200	. . . . . 215
BayNets Safety Systems	. . . . . 186	. . . . . 201	. . . . . 216
Boulder Engineering	. . . . . 187	. . . . . 202	. . . . . 217
FLX	. . . . . 188	. . . . . 203	. . . . . 218
I.S.S.E	. . . . . 189	. . . . . 204	. . . . . 219
Kidde Products	. . . . . 190	. . . . . 205	. . . . . 220
Pit Guard	. . . . . 191	. . . . . 206	. . . . . 221
Pit Protector	. . . . . 192	. . . . . 207	. . . . . 222
Profit Pit Covers	. . . . . 193	. . . . . 208	. . . . . 223
Safe-T-Net	. . . . . 194	. . . . . 209	. . . . . 224
Southern Metal Works	. . . . . 195	. . . . . 210	. . . . . 225
Uni-Lube	. . . . . 196	. . . . . 211	. . . . . 226
Universal Safety Covers	. . . . . 197	. . . . . 212	. . . . . 227
Willson Safety Products	. . . . . 198	. . . . . 213	. . . . . 228
None of the above	. . . . . 199	. . . . . 214	. . . . . 229

S. Whose products do you already have?

From column S of the table please mark those manufacturers whose safety equipment you already have in your facility or location. (Please mark **all which apply**)

T. Which one brand do you trust most?

Using column T, mark the one manufacturer, based solely on your prior experience, from whom you would be most likely to purchase a safety product? (Please mark **only 1** selection on line T)

(TEAR OUT)

U. What do you look for in selecting a supplier of safety equipment?

From the table at right, and using the numbers from column U, please mark the **top three factors** which are most important to you in selecting a brand or vendor for safety equipment and devices at your location. (Please mark **only 3**)

Table for U and V	U.	V.
After the sale service	.. 230	.. 240
Availability from local supplier	.. 231	.. 241
Reputation	.. 232	.. 242
Installation Assistance	.. 233	.. 243
Convenience	.. 234	.. 244
Fast Delivery	.. 235	.. 245
Low Cost	.. 236	.. 246
Warranty	.. 237	.. 247
Selection	.. 238	.. 248
Does Not Apply	.. 239	.. 249

V. Which factor is most important?

If all other factors were equal, Using the numbers from column V, please mark the one deciding factor which would make you select one brand or supplier over another. (Mark **only 1**)

Note:

The following illustrations relate to safety covers for sumps, manholes and open pit service bays. Even if you do not have this type of bay at your facility, please complete this section to the best of your ability.



Telescoping Cover	Roll/Stacking Cover	Metal Hinged Cover	Movable Net	None
W. 250	W. 251	W. 252	W. 253	W. 254
X. 255	X. 256	X. 257	X. 258	X. 259

W. What type of covers do you already have?

Using the numbers in row W, please indicate which type of cover best describes the **type currently used in your shop** to cover open pits and floor openings (select **all which apply**). If you do not have open pits or covers, leave blank and go to question X.)

X. What type of covering you would prefer?

Using the numbers in row X, please indicate the **type of pit safety cover you would prefer** if cost and quality were equal. (check **only 1**, even if you do not currently have an open pit type of bay.)

Y. What do you look for in a safety cover?

Using the numbers in column Y, please indicate the **top 5, features** which would be important to you in selecting one type of pit cover over another. (Please mark **only 5**)

	Y.	Z.
Ease of installation	.. 260	.. 273
Price	.. 261	.. 274
Light weight	.. 262	.. 275
Ease of use	.. 263	.. 276
Meets OSHA requirements	.. 264	.. 277
Meets State Requirements	.. 265	.. 278
Load capacity	.. 266	.. 279
Can be walked on safely	.. 267	.. 280
Would support weight of vehicle	.. 268	.. 281
Lets light through	.. 269	.. 282
Price includes installation	.. 270	.. 283
Provides ventilation	.. 271	.. 284
None of the Above/Does Not Apply	.. 272	.. 285

AZ. Are you planning to expand your operation in the next year?

Mark the number in line AZ which most closely describes your future plans to expand the number or change the type of bays at your location.

286. We currently have no plans for expansion
 287. We plan to add one or more full basement service bays for quick lubrication in the next year
 288. We plan to add one or more tune up bays in the next year.
 289. None of the above or other.

Thank you

Your assistance in completing this survey is greatly appreciated. Please remove the Response Checks and cash or deposit them at your earliest convenience. Unless it is required by your bank, there is no need to fill in your name on the checks. You may make them payable to the bank, "cash" or "bearer".

Once the checks have been removed, you may throw away the questionnaire format. Please do not mail it back. We will receive your answers through the bank when you cash the checks.

Optional

If you would be interested in participating in a follow-up study or focus group on new safety equipment and safety issues in your industry, space has been provided on the check below for you to add your name, address and daytime phone number. This is **not** a requirement for completing the survey.

WHIPPLE RESEARCH & ANALYTICAL SERVICES OF MICHIGAN	4 284 285 286 287 288 289 290 291	5 133
	1 292 293 294 295 296 297 298 299 300 301 302	0110
	6 303 304 305 306 307 308 309 310 311 312 313	
	7 314 315 316 317 318 319 320 321 322 323 324	
	8 325 326 327 328 329 330 331 332 333 334 335	
	9 336 337 338 339 340 341 342 343 344 345 346 347	
	0 348 349 350 351 352 353 354 355 356 357 358 359	
	1 360 361 362 363 364 365 366 367 368 369 370 371 372	
	2 373 374 375 376 377 378 379 380 381 382 383 384	
	3 385 386 387 388 389 390 391 392 393 394 395 396	

WHIPPLE
 DATE: May 18, 1995
 CHECK # 5-133
 PAY TO THE ORDER OF: 0110
 \$ 2.00
 TO THE ORDER OF:
 RESEARCH RESPONDER CHECK
 ADDRESS:
 PHONE NUMBER:
 DAYTIME PHONE NUMBER:
 SIGNATURE: [Signature]
 PRINTED NAME: [Name]