

## Employee Questionnaire for Air Victoria Team Report

Employee Name \_\_\_\_\_  
(Please print)

### Please answer the following questions

1. What is your mode of transportation for travel to and from work? (Please circle your answer)

- |                  |                                       |              |
|------------------|---------------------------------------|--------------|
| Bicycle          | Dropped off (no vehicle at work site) | Carpool      |
| Motorcycle       | Public transit/bus                    | Walk to work |
| Personal vehicle |                                       |              |

2. What is the fuel source of the vehicle you primarily drive?

- |          |        |        |       |
|----------|--------|--------|-------|
| Gasoline | Diesel | Hybrid | Other |
|----------|--------|--------|-------|

3. Do you perform regular routine maintenance on the vehicle you primarily drive according to the manufacturers suggested maintenance schedule?

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

4. Have you received training on the job about air quality issues?

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

5. During ozone alert days, how do you travel to lunch?

- |                     |              |                          |
|---------------------|--------------|--------------------------|
| Group lunch/carpool | Travel alone | Brown bag or eat on site |
|---------------------|--------------|--------------------------|

6. What is the distance from your residence to your job site?

\_\_\_\_\_ miles