

# Survey for engineers and supervisors: What are your training needs?

Help us choose LTAP workshop training topics for 2007. Most events can be scheduled locally or regionally, so attendees do not have an overnight stay.

Note: Your responses are not a firm commitment.

After completing the survey, fold and mail (postage prepaid) this survey as instructed on the back of this page.

## Workshops to be offered in 2007

(Indicate no. of people from your shop likely to attend)

- \_\_\_\_\_ **Asphalt base repair (one day in Ames)**  
 \_\_\_\_\_ **Surveying (one-week course in Ames)**  
 \_\_\_\_\_ **Road maintenance rodeo**  
 \_\_\_\_\_ **Streets and roads supervisors conference (two days in Ames)**

## Additional potential workshop topics

For each workshop topic below, circle the number that best indicates the likelihood that someone from your agency will attend in 2007. (For each topic below circle 1, 2, or 3)

**1 = Very likely to attend**  
**2 = Somewhat likely**  
**3 = Not likely**

|  | 1 | 2 | 3 |
|--|---|---|---|
| Traffic studies for local agencies                 | 1 | 2 | 3 |
| ADA pedestrian accessibility                       | 1 | 2 | 3 |
| Road safety fundamentals (NEW)                     | 1 | 2 | 3 |
| Road safety assessments (NEW)                      | 1 | 2 | 3 |
| Successful management for supervisors              | 1 | 2 | 3 |
| Tractor mower safety (NEW)                         | 1 | 2 | 3 |
| Basic construction inspection (technicians)        | 1 | 2 | 3 |
| Construction inspection admin (engineers/managers) | 1 | 2 | 3 |
| Flagger training                                   | 1 | 2 | 3 |
| Work zone safety                                   | 1 | 2 | 3 |
| Permanent roadway signing and pavement markings    | 1 | 2 | 3 |
| Safety coordinators' conference                    | 1 | 2 | 3 |
| Excavation safety (Jack Mickle, instructor)        | 1 | 2 | 3 |
| Roads and streets maintenance fundamentals         | 1 | 2 | 3 |

## Contact information

If you'd like to be contacted by Iowa LTAP about your interest in any of these or other workshop topics, complete the information below:

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_



**Additional Comments**

Please list any additional comments or suggestions you have about Iowa LTAP training below.

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To mail back, just fold in half, tape, and drop in the mail.

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