

## Feedback Form

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Thank you for reading our Environmental, Health & Safety Report 2003/04. Please take a moment to give us your valuable feedback and return to us via post or email before 30 September 2005.

1. What is your overall view of the Report?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Good                | Good                     | Adequate                 | Poor                     | Very poor                |

2. Did you find the Report information/useful?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Useful              | Useful                   | Adequate                 | Partly                   | No                       |

3. Did you find the Report easy to understand?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Easy                | Easy                     | Adequate                 | Partly                   | No                       |

4. Did you think the presentation of the Report is clear?

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Clear               | Clear                    | Adequate                 | Partly                   | No                       |

5. Which aspect of the Report did you find most useful?

|   |  |   |                          |  |                                     |
|---|--|---|--------------------------|--|-------------------------------------|
| Introductory Section (Vision, Messages from the Chairman and the Director, and About this Report) | Business Overview & EHS Management Structure | EHS Aspects, and Performance Highlights | Performance Review       | Targets and Initiatives for 2004/05 & Beyond | Verification Statement and Feedback |
| <input type="checkbox"/>  | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/>            |

Please specify

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6. Which aspect of the Report did you find least useful?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Please specify

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7. Which aspect(s) of the Report would you like more information on?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Please specify

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8. What improvement(s) would you recommend for our next Report?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Please specify

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9. What group(s) do you belong to? (you can tick more than one box)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Owner/Tenant in HA flat | <input type="checkbox"/> Environmental Group       | <input type="checkbox"/> Education/Academic              |
| <input type="checkbox"/> Government Department   | <input type="checkbox"/> Other Public Organization | <input type="checkbox"/> Professional Engineer/Scientist |
| <input type="checkbox"/> Other, please specify   |  |  |

10. Would you like to receive future Reports?

☐  
Yes, please☐  
No, thanks

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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