## APPENDIX A

#### Portable Gasoline Storage Container Survey- Consumers

- A. 1. How many gasoline storage containers are in your possession?
  - 2. How would you best classify the type of dwelling you live in? house \_\_\_\_\_ townhouse \_\_\_\_\_ condominium \_\_\_\_\_ apartment
  - 3. Do you use a commercial gardening service? \_\_yes \_\_no If you do not have gasoline containers, go to item "C" to conclude this survey.
- B. If you indicated more than one gasoline containers, choose the container that is used most frequently to complete the survey. Please take a moment to examine the specific gas container you will use.

## **Container Description:**

- 1. Container material: \_\_plastic \_\_\_ galvanized steel \_\_\_\_ other, specify:\_\_\_
- 2. Container capacity:
  - \_\_\_\_1 gallon \_\_\_ 3 gallons
  - \_\_\_1.5 gallon \_\_\_5 gallons
  - \_\_\_2 gallons \_\_\_\_ 6 gallons
  - \_\_\_\_ 2.5 gallons
  - \_\_\_\_ other, specify:\_
- 3. Specify container manufacturer:
  - \_\_\_\_ Blitz \_\_\_\_ SurePour
  - \_\_\_\_ Briggs & Stratton\_\_\_\_ Vemco \_\_\_\_ Wedco
  - \_\_\_\_ Eagle
  - \_\_\_\_ Rubbermaid
  - \_\_\_\_ other, specify:\_\_\_\_\_
- 4. Estimate the age of the container in years or specify "new" if less that 12 months old or purchased after January 1, 1998?

\_\_\_\_ new \_\_\_\_ years old

- Does container still have the original cap? 5. \_\_\_\_ yes \_\_\_\_ no
- 6. Does the container have a secondary vent or breathing hole? \_\_\_\_ yes \_\_\_\_ no
- 7. Currently, which figure below best describes your gas container? (circle appropriate letter)

C. D. E. F. В. Α.

8. Currently, what is the fuel level of the container?



\_\_\_\_\_full \_\_\_\_3/4 \_\_\_\_1/2 \_\_\_\_1/4 \_\_\_\_empty What type of fuel is stored?\_\_\_\_\_

## **Refueling Event:**

How many times is the gas container used to 9. refuel equipment?

> \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ other, specify time frame:\_\_\_

- 10. How often is the container transported? \_\_\_\_\_ per week \_\_\_\_\_ per month other, specify time frame:
- 11. How often is the container refueled at the gasoline station?

per week	_ per month
when the container	r is empty
other, specify tim	e frame:

# **Replacement Information:**

- 12. Do you plan to replace any of the gas containers within the next 12 months? \_\_\_\_ yes \_\_\_\_ no
- 13. Do you plan to purchase additional gas containers in the next 12 months? \_\_\_\_ yes \_\_\_\_ no
- 14. Would you purchase an "environmentally friendly" gasoline container in the future if it cost \$20 more than a typical can? \_\_\_\_ yes \_\_\_\_ no

# **Usage Information:**

15. For all the gas containers in your possession, identify the equipment refueled. Specify the number of pieces in each equipment category and whether the primary container is used for refueling or another container in your possession is used. (Note: primarily is 40% or more):

Equipment Category	No.	Primary	Other
		can	can
lawn & garden equipment			
personal water craft or any boat			
off-road motorcycle or ATV			
on-road vehicle			
other, specify:			

# APPENDIX A

If we have question	ns about your respo	onses, can we contact you?	yes	no
If yes, print name		Phone:	E-mail:	
For monetary ince	ntive, complete the	e following information:		
For monetary ince Name:	ntive, complete the	e following information:		

# Return to: Inventory Assessments Section

Thank you for your response.