

Poll Worker Survey
STATEWIDE DIRECT PRIMARY ELECTION 06/08/2010

Please submit this survey in the enclosed postage paid envelope. Please mail by August 15, 2010. The survey will help us improve services to poll workers and voters in future elections. *Thank you!*

PLEASE ANSWER ALL QUESTIONS.

PRECINCT: 0050003A
INSPECTOR
Rec # 1 Elec_ID: 654
7/21/10 3:30 pm

Ballot Drop-Off

1. Where did you drop off your ballots and other equipment on Election Night?

2. Approximately what time did you arrive at the ballot drop off site?

- | | | | |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> 8:00-8:30PM | <input type="checkbox"/> 9:01-9:30PM | <input type="checkbox"/> 10:01-10:30PM | <input type="checkbox"/> 11:01-11:30PM |
| <input type="checkbox"/> 8:31-9:00PM | <input type="checkbox"/> 9:31-10:00PM | <input type="checkbox"/> 10:31-11:00PM | <input type="checkbox"/> 11:31-12:00PM |

3. How long was your wait at the ballot drop off site?

- 0-30 minutes 1 hr. 1.5 hrs. 2 hrs. 3 hrs. Other

Communication/Support

4. Did you have contact with your Precinct Coordinator before Election Day? NO YES
5. Did your Precinct Coordinator visit your polling place on Election Day? NO YES
6. If YES, how many times did your Precinct Coordinator visit your polling place? (Circle One) 1 2 3

InkaVote Plus Reader - Equipment Function

7. Did you receive a BALLOT READER and an Audio Ballot Booth? NO YES
8. Did any voter use the Audio Ballot Booth? NO YES
9. Did your Ballot Reader function the entire day? NO YES
10. Did your Audio Ballot Booth function the entire day? NO YES

If NO to QUESTION 9 OR 10 ABOVE, please complete the following:

11. Which unit malfunctioned?

- BALLOT READER AUDIO BALLOT BOOTH BOTH

12. Approximately what time did the unit malfunction?

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Before 7:00 AM | <input type="checkbox"/> 11:01-1:00PM | <input type="checkbox"/> 5:01-8:00PM |
| <input type="checkbox"/> 7:01-9:00AM | <input type="checkbox"/> 1:01-3:00PM | <input type="checkbox"/> Other AM |
| <input type="checkbox"/> 9:01-11:00AM | <input type="checkbox"/> 3:01-5:00PM | <input type="checkbox"/> Other PM |

13. Please describe the malfunction? _____

14. Was unit replaced? NO YES

15. If YES, what time? AM(6-11:59) AFTERNOON (12:00-5:00) PM(5:01-8:00)

Please add any additional comments on reverse. Thank you for your service.