

# 1. P25 CAP Client Survey

First and foremost, I would like to thank you for participating in the P25 Compliance Assessment Program (CAP). Your support of P25 CAP is an important part of ensuring that P25 radio equipment works for public safety and first responders.

Second, we all strive to create the best possible experience for you and your organization. I appreciate your honest feedback about what we are doing well and where we need to make improvements.

Listening to the dedicated laboratory test community is very important for the overall success of P25 CAP. Your voice will be heard. Thank you in advance for your time and input.

Sincerely yours,

Dereck Orr  
Program Manager, Public Safety Communications Research  
Office of Law Enforcement Standards  
National Institute of Standards and Technology

## 2. General Information

1. Please select all applicable roles that you perform at the laboratory:

- Authorized P25 CAP Laboratory Representative
- Quality Manager
- Technical Manager
- Laboratory Manager
- Test Operator
- Quality and/or Management Systems
- Standards development (TIA representative)

2. Please select all applicable categories for your laboratory:

- DHS Recognized P25 CAP Laboratory
- New applicant to P25 CAP
- Scope Expansion Application
- Renewal Application
- Recently completed a P25 CAP assessment
- None of these choices are applicable to my laboratory

\* 3. Is your laboratory presently a DHS Recognized P25 CAP Laboratory?

- Yes
- No
- In process (applied for)
- Not Applicable

### 3. Scope of Recognition

4. Which scope of recognition does your laboratory have right now?

Please select all that apply:

	Common Air Interface (CAI)	ISSI
Conformance	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>
Interoperability	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## 4. Scope of Recognition Application

5. Which scope of recognition has your laboratory applied for?

Please select all applicable scope expansion requests:

	Common Air Interface (CAI)	ISSI
Conformance	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>
Interoperability	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## 5. P25 CAP Assessment

\* 6. Was a P25 CAP assessment performed at your laboratory?

Yes

No

Not applicable

## 6. Your Experience with P25 CAP

7. Which of the following categories best describes your experience with the Laboratory Program Manager(LPM)?

	did not meet expectations	met some expectations	met expectations	exceeded some expectations	exceeded all expectations	N/A
Returning your telephone calls	jn	jn	jn	jn	jn	jn
Responding to your emails	jn	jn	jn	jn	jn	jn
Scheduling assessments	jn	jn	jn	jn	jn	jn
Non-conformity resolution	jn	jn	jn	jn	jn	jn

Any additional comments?

8. Which of the following categories best describes your experience with P25 CAP?

	did not meet expectations	met some expectations	met expectations	exceeded some expectations	exceeded all expectations	N/A
Overall P25 CAP process	jn	jn	jn	jn	jn	jn
Laboratory Program Manager (LPM)	jn	jn	jn	jn	jn	jn
Lead Assessor (management and quality system assessor)	jn	jn	jn	jn	jn	jn
1st Subject Matter Expert (SME)	jn	jn	jn	jn	jn	jn
2nd Subject Matter Expert (SME)	jn	jn	jn	jn	jn	jn

Any additional comments?

9. Which of the following categories best describes the rigor of the entire laboratory assessment process?

	never rigorous	rarely rigorous	sometimes rigorous	very often rigorous	always rigorous	N/A
Lab Assessment	jn	jn	jn	jn	jn	jn

Any additional comments?

## 7. Scope Expansion

10. Was an application to increase scope of recognition submitted to the P25 CAP Laboratory Program Manager (LPM)?

Yes

No

Not Applicable

## 8. Scope Expansion

11. Which of the following categories best describes your experience with the scope expansion process?

	did not meet expectations	met some expectations	met expectations	exceeded some expectations	exceeded all expectations	N/A
Responsiveness to scope expansion application	jn	jn	jn	jn	jn	jn
Scheduling scope expansion assessment	jn	jn	jn	jn	jn	jn
Quality or Management System Review	jn	jn	jn	jn	jn	jn
Technical Review	jn	jn	jn	jn	jn	jn

Any additional comments?

12. When was the scope expansion assessment performed?

	MM	DD	YYYY
started	<input type="text"/>	<input type="text"/>	<input type="text"/>
ended	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 9. P25 CAP Value

13. How could P25 CAP improve its service and value to you and your organization?

## 10. Closing Information (all answers are optional)

### 14. Your contact information (all responses are optional):

Name:

Organization:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

### 15. Do you wish for P25 CAP staff to contact you?

Yes

No

No, but please contact a different lab staff member (specify below)

Identify different staff member to be contacted:

## 11. Conclusion

Thank you very much for your time and cooperation! Your voice will be heard.