

Assessment Services

Client Survey (illustration of skip logic coding)

NOTE: This questionnaire contains collection of information requirements subject to the Paperwork Reduction Act (PRA). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the PRA, unless that collection of information displays a currently valid OMB Control Number. The estimated response time for this questionnaire is 10 minutes. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Kurt B. Fischer, P25-CAP-QM@nist.gov, 1-301-975-6061. The OMB Control No. is 0693-0031, which expires on 02/29/2012.

NOTE: The actual survey instrument is as stated on the www.surveymonkey.com website and has been provided as part of this PRA application. The purpose of the following information is to show the skip trace logic of how the survey was coded. If particular questions are not relevant to the subject of the survey then these questions are skipped.

Thank you for selecting P25 Conformance Assessment Program (P25 CAP) to assess your laboratory's conformance with P25 CAP documents such as NIST Handbook 153, P25 CAP CABs, and selected TIA standards. We would appreciate hearing from you regarding the latest assessment and/or scope expansion experience. By giving us your feedback we will strive to make the program stronger and more responsive to your needs.

1. Is your laboratory presently a DHS Recognized P25 CAP Laboratory? (Y, N, In Process, NA)
2. (If #1 Yes, then) Please select the scope of recognition that you presently have in place (conformance, performance, interoperability, NA)

3. (If #1 In Process, then) Please select the scope of recognition that you have applied for (conformance, performance, interoperability, NA)
4. Was an assessment performed? (Y, N, NA)
5. (If #4 is yes, then) To what extent did this assessment meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations)
6. (If #4 is yes, then) To what extent did the Lead Assessor (management and quality system assessor) meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations; 6, not applicable)
7. (If #4 is yes, then) To what extent did the Subject Matter Expert(s) meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations; 6, NA)
8. Was an application to increase the laboratory scope of recognition submitted to the P25 CAP Laboratory Program Manager (LPM)? (Y, N, NA)
9. (If #8 is yes, then) To what extent did the technical review meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations); 6 NA
10. (If #8 is yes, then) To what extent did the quality or management system review meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations); 6 NA
11. (If #8 is yes, then) To what extent did the Laboratory Program Manager (LPM) administrative review meet your expectations? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations); 6 NA
12. How would you rate the value of the assessment process relative to the expenses to your organization (for example, lab staff time away from other duties, corrective action of non-conformances, etc.)? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations; 6 NA)
13. Based on this specific experience, how likely are you to renew your P25 CAP laboratory application? (1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations; 6 NA)
14. Overall how satisfied are you with the P25 CAP experience?

(1, did not meet expectations; 2, Met some expectations; 3, Met Expectations; 4, Exceeded some expectations; 5, Exceeded all expectations; 6 NA)

15. How can P25 CAP improve its service to you?

Comments:

16. The following information is optional: Your Name

17. The following information is optional: Laboratory Name

18. The following information is optional: P25CAP Laboratory Code

19. Do you wish for P25 CAP staff to contact you? (Y/N)

Thank you very much for your time and cooperation!

DRAFT