

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

TSA PRODUCT FEEDBACK SURVEY

INSTRUCTIONS: Please complete survey questions and submit per directions below.

Product Title: _____

1. Stakeholder or Partner (Select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> DHS Component | <input type="checkbox"/> Industry: Air Cargo | <input type="checkbox"/> Industry: Original Equipment Manufacturers |
| <input type="checkbox"/> Intelligence Community (IC) | <input type="checkbox"/> Industry: Airport | <input type="checkbox"/> Industry: Passenger Air |
| <input type="checkbox"/> Federal (non-IC) | <input type="checkbox"/> Industry: Freight Rail | <input type="checkbox"/> Industry: Pipeline |
| <input type="checkbox"/> State, Local, Tribal, Territorial | <input type="checkbox"/> Industry: Highway | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Foreign Engagement | <input type="checkbox"/> Industry: Mass Transit/Passenger Rail | |

2. How satisfied or dissatisfied are you with this transportation security information overall? (Select one)

- Very satisfied
 Somewhat Satisfied
 Neither Satisfied Nor Dissatisfied
 Somewhat Dissatisfied
 Very Dissatisfied

3. How satisfied or dissatisfied are you with the following aspects of this transportation security information? (select one)

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Timeliness: The degree to which you received or obtained the information within the time it was needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance: The degree to which the information was applicable to your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness: The degree to which the information contained all the necessary details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actionability: The degree to which the information enabled you to make adjustments to your security measures, if such a change was warranted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy: The degree to which the information was correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Mechanism: The manner by which the information was received (e.g. website, email, brief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did you find this transportation security information valuable (select one)?

- Yes No

If Yes, check the areas where it provided value (select one or more):

- Improved understanding of a transportation threat, vulnerability, and/or consequence
 Integrated into my organization's security awareness products, or shared product internally or with other partners
 Resulted in a change or validation of one or more security measures and/or policies
 Responded to a specific threat
 Other. Please explain:

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If No, check the reasons the information was not valuable (select one or more):

- The information arrived too late
- The information does not apply to my organization
- The information is unclear
- The information contains errors
- The information lacked objectivity
- The information is too verbose
- Other. Please explain:

5. Suggestions for Improvement, Issues, or General Comments (if desired):

Although not required, providing the information below will help us improve our efforts to serve your organizations' transportation security information needs.

Name:	Phone Number:
Organization:	Email Address:

Provide Survey Responses to TSA.InfoSharing@tsa.dhs.gov or {"Submit Feedback" Button}

Privacy Act Statement: **Authority:** 49 USC 114(f). **Purpose:** This information will be used by TSA to respond to transportation security stakeholders that voluntarily provide contact information. **Routine Uses:** Information you provide may be disclosed to individuals within TSA who have a need to know the information in the performance of their official duties and in accordance with the routine uses identified in DHS System of Records, DHS/TSA 006, Correspondence and Matters Tracking. **Disclosure:** Voluntary.

PAPERWORK REDUCTION ACT BURDEN STATEMENT: TSA is collecting this information to identify ongoing improvement opportunities for its Information Sharing Program. The public burden for collecting this information is estimated to be approximately 5 minutes. This is a voluntary collection of information. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0058, 601 South 12th Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0058, which expires 07/31/2016.