



# NCCCAD Customer Feedback Survey

**Paperwork Burden Disclosure Notice:** Public reporting burden for this data collection is estimated to average 3-5 minutes per response. The burden estimate includes the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestion for reducing the burden to: Information Collections Management, Department of Homeland Security, IP/PSCD, Mail Stop 8540, 245 Murray Lane SW, Washington, DC 20528-8540, ATTN: PRA (1234-xxxx). NOTE: DO NOT send your completed form to this address.

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## 1. Date of the Assessment Session \*



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## 2. Location of Assessment (City and State)

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## 3. Assessment Format

- On-Site
- Webinar

Other (Please specify)

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4. Select the partner type that best describes your organization:

Law Enforcement

Fire/Rescue

Homeland Security

Other (Please specify)

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5. Select the unit discipline type:

Bomb Squad

Dive Team

Explosives Detection Canine

SWAT

Other (Please specify)

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6. How do you plan to use your assessment to support your mission? (Select all that apply)

Identify gaps in the unit's capabilities

Identify equipment needs

Identify training needs

Identify planning needs

Support grant funding request

Other (Please specify)

7. How would you rate this program's relevance to support your mission? \*

	Very		Somewhat	Not
Critical	Important	Important	Important	Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Rate your satisfaction of the following:

	Very Satisfied	Somewhat Satisfied	No Opinion	Somewh Dissatisfi
Coordination of the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OBP/NCCAD Briefing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities/Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



9. Overall, how satisfied are with the usefulness of this program?

Very Satisfied	Somewhat Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Based on my experience, I would recommend the NCCAD program to colleagues and other relevant professionals.

Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree

              

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11. Based on my participation in the NCCAD program, I have a better understanding of my organization's ability to effectively prevent, protect against, respond to, or mitigate bombing incidents.

Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree

              

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12. How could the NCCAD program be improved to increase it's value to your mission?

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