CDC Import Permit Program (IPP) Inspection Feedback Survey

Form Approved

OMB Approval No. 0920-1050

Expiration Date: 05/31/2022

Unless otherwise indicated, please use the space provided at the end of the survey (question 17) to share any additional feedback or context that would help to explain your answers, and/or to provide further suggestions for IPP program improvements.IPP encourages Permittees to work with organization staff to provide an inclusive response when completing the survey.

1. Was your recent site visit a joint inspection? If yes, include all organizations in question 17.
   1. Yes
   2. No
2. What was the month and year of your inspection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Were you given prior notice of IPP’s planned date of inspection?
   1. Yes
   2. No
   3. N/A (Unannounced Inspection)
4. How would you rate pre-inspection communication by the IPP inspection team? Please use question 17 to explain your answers.
   1. Very satisfied
   2. Satisfied
   3. Neutral
   4. Dissatisfied
   5. Very dissatisfied
   6. N/A (Unannounced)
5. Did the FSAP IPP team arrive at your entity at the time indicated in your notice of inspection?
   1. Yes
   2. No
   3. N/A (Unannounced inspection)
6. Were you satisfied with the IPP inspection team's briefing at the start of your inspection? Please use question 17 to explain your answers.
   1. Yes
   2. No
7. Did the inspection team communicate with you to clearly understand your containment entry requirements?
   1. Yes
   2. No

Public reporting burden of this collection of information is estimated to average 10minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

(*If answer is yes, next survey question will be* ) If required, did the inspection team provide documentation of enrollment in medical surveillance and/or a respiratory protection program?

1. Yes
2. No
3. Do you feel that the FSAP inspection team correctly applied the import regulations and biosafety standards? If no, please describe your observation in the space provided**.**
   1. Yes
   2. No

If you answered no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you satisfied with the professionalism of the IPP inspection team? Please use question 17 to explain your answers.
   1. Yes
   2. No
2. Were you satisfied with the IPP inspection team's technical expertise? Please use question 17 to explain your answers.
   1. Yes
   2. No
3. Did the inspection team exit the containment laboratories and/or conclude the inspections at the appropriate time?
   1. Yes
   2. No
4. Were you able to ask and receive responses for all your questions? Please use question 17 to explain your answers.
   1. Yes
   2. No
5. Were you satisfied with the inspection team's out briefing at the conclusion of your inspection? Please use question 17 to explain your answers.
   1. Yes
   2. No
6. Do you feel that the inspection team was adequately prepared to inspect your facility? Please use question 17 to explain your answers.
   1. Yes
   2. No
7. Did we conduct our inspection in a manner so that your operations were minimally impacted? Please use question 17 to explain your answers.
   1. Yes
   2. No
8. Based on our most recent site visit of your entity, how would you rate this inspection experience overall compared to previous inspections, by CDC IPP or other regulatory agencies? Please use question 17 to explain your answers.
   1. Much improved
   2. Improved
   3. Same
   4. Worse
   5. Much worse
   6. N/A (Your entity has not been inspected by IPP or other regulatory agencies previously)
9. Please provide any additional comments and/or examples.