

2019 Explosives Detection Canine Handler Student Survey

Thank you for attending the ATF Explosives Detection Canine Handler course. The Office of Human Resources and Professional Development (HRPD) is committed to excellence and providing current and effective training. Your feedback about the effectiveness of the training to prepare you for your job duties is very important to us. Please provide us with information about your training experience by completing this survey, which will take about **15 minutes** to complete. Your responses and comments will be used to evaluate the training and make updates on the course so that it continues to meet your needs.

Organization

This survey is organized into two parts. The first consists of general generic questions that are used in all ATF training surveys so that we can compare responses to other courses offered by the Bureau. The second part consists of course specific questions. Please take the time to respond to both parts.

Navigation

The Next button below will advance you to additional pages in the survey. Please be sure of your responses before you select Next, as the survey program will save your responses and you will not be able to go back and change your answers. At the end of the survey, you will be asked to select the Submit button at the bottom of the screen in order to complete the survey and exit.

If you run short of time, the Save button will allow you to save your responses at any point in the survey and return later. After you select Save, you will be provided with a link that will return you to the survey. Be sure either to write it down or cut and paste the link into a Word document for later use.

Instructions

Please rate each item on the following screens by selecting the option that best reflects your response.

Privacy Act Information

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, relative to the collection of information from prospective students to attend the ATF Training.

1. Authority. Title 38, U.S.C., §527; Title 29, U.S.C., §711; Title 31, U.S.C., §1115, Executive Order 13540.
2. Purpose. To obtain information from Federal, State and local, military and international law enforcement personnel completing training conducted by ATF for the purpose of evaluating program effectiveness.
3. Routine Uses. Disclosure of evaluation results as collected data summaries will be provided to ATF management and training staff in order to make decisions regarding program improvement and the allocation of resources. Evaluation results will be provided to external Federal government agencies on an as needed basis. Individual personal data will be treated as law enforcement sensitive information and will be protected in accordance to Title 5, U.S.C. §552. Individual responses to survey questions will not be available upon request to the individual, to the individual's parent agency, or to any other individual or agency as the system used to collect that data does not store the information in a manner that an individual's responses can be retrieved.

OMB #1140-0095

Part 1

Overall Opinion

Overall, my level of satisfaction with the training is the following:

- 1 Not Satisfied
- 2
- 3
- 4
- 5 Extremely Satisfied

Using the rating scale from 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree," please respond to the following:

The information I received in the training was consistent with information received on the job.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree

The handouts and/or reference materials provided during the training have been useful to me on the job.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree
- Not Applicable

Handouts and Reference Materials

You disagreed that the handouts/reference materials provided during the training were useful, please explain:

Obstacles

Using the rating scale from 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree," please respond to the following:

Since taking the training, the following issues, if any, have prevented me from applying the knowledge and skills in my job:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Lack of proper equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different techniques followed in the field/office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different policies and procedures are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of supervisory or management support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected "Lack of Opportunity" or "Other" in the above question, please explain:

Results

Using the rating scale from 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree," please respond to the following.

I feel confident I can apply what I learned in class to my job, even if I haven't had the opportunity.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree

I was able to increase my effectiveness on the job as a result of the training.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree
- Not Applicable

I have promoted new systems, practices, policies, or procedures as a result of what I learned from the training (e.g., safety procedures, human resource management, mission implementation, etc.)

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree
- Not Applicable

You indicated that you have promoted new systems, practices, policies, or procedures as a result of what you learned from the training. Please describe.

Part 2

Use of ATF Explosives Detection Canine

Please respond as appropriate.

This is my first canine from ATF.

- Yes
- No, this was a replacement canine

I use my canine to conduct explosives searches:

- Daily
- 3 to 4 Times Per Week
- 1 to 2 Times Per Week
- 2 to 3 Times Per Month
- Once a Month
- Once Every 2 Months
- Less Than Once Every 2 Months

How frequently do you use your ATF explosives canine to conduct the following searches?

	1 Not At All or Rarely	2	3	4	5 Very Frequently
Vehicle Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Searches (Homes, Closets, Hotel Rooms, Meeting Rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luggage or Box Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Transit Searches (Planes, Trains, Buses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Facility Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Field Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wooded Area Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue Searches (Sporting Events, Theaters, Concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firearms and Shell Casing Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Blast Explosives Materials Searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated "Other" in the question above, please briefly describe and list how frequently the searches are typically conducted.

Canine Care

Please respond as appropriate.

The training effectively prepared me to provide the following canine care and health related skills on the job:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Conduct basic canine health examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify possible canine diseases/illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify possible canine parasites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage canine diet and weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide canine ear and teeth care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use appropriate canine restraint techniques for examination, treatment, or first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply first aid for injuries, wounds, and bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply first aid for fractures and breaks (to include immobilizing the canine and splinting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My canine has had illnesses or injuries that required:

- Minor First Aid
- Major First Aid
- Veterinarian Care for Illness
- Surgery
- Other Veterinarian Care

My canine has not had any illnesses or injuries.

Canine Care

Please respond as appropriate.

You indicated that your canine has had illnesses or injuries that required some level of first aid or veterinarian care. Please describe.

Since your training, how long has your canine been unavailable for duty due to illness or injury?

Less Than 1 Day

1 to 2 Days

3 to 7 Days

8 to 30 Days

If more than 30 Days, please specify: _____

Canine Handling and Training

Please respond as appropriate.

The training effectively prepared me use the ATF canine training methodologies to provide the following handling related skills on the job:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Reinforce explosives odor imprinting through maintenance training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use positive reinforcement through secondary and primary rewards for desired behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use leash control, commands, and presentations to direct canines during searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide remedial training to correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

unwanted behaviors
Recognize canine
behavior indicating
explosives finds

I am given time to provide maintenance training to my canine.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree

I am supported by my department or supervisor in using the ATF canine handling and training methodology.

- 1 Strongly Disagree
- 2
- 3
- 4
- 5 Strongly Agree

Please respond as appropriate.

You indicated that your department or supervisor does not support the ATF canine handling and training methodology. Please explain.

Explosives Investigation, Materials, Devices and Storage

I feel confident in using my explosives canine to conduct searches of:
(If ATF EDC SEEK K-9 students, respond for Off-Leash deployment)

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luggage and Boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Transit (Planes, Trains, Buses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venues (Sporting Events, Theaters, Concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The training was successful in preparing me to safely store and handle explosives materials as appropriate to my duties and responsibilities as an explosives detection canine handler.

1 Strongly Disagree

2

3

4

5 Strongly Agree

Explosives Investigations, Materials, Devices and Storage

Please respond as appropriate.

The training effectively prepared me to recognize the following categories of explosives:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Black and Smokeless Powders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Smokeless Powders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Matches, Fuses, Primers & Blasting Caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnic Mixtures (Flash Powders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamite, TNT, & Boosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Explosives (C-4, RDX), Det Cord (PETN), & Binary Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasting Agents (AN, Water-gels, & Slurries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explosives (HME)

The training effectively prepared me to recognize the following components of an explosive device:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Power Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conductors (Electrical Wiring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches and Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiators (Detonators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since receiving the ATF canine, the number of successful explosives related prosecutions have increased by what percentage?

(Use the slide bar to enter the percentage.)

Percentage _____

Since receiving the ATF explosives detection canine, the time required to conduct searches for explosives, shell casings, or firearms has been reduced by what percentage. *(Use the slide bar to enter the percentage.)*

Percentage: _____

Legal

Please respond as appropriate.

The training effectively prepared me to address the following in relation to my responsibilities as a canine handler:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
Pretrial preparation to provide testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing testimony regarding canine training requirements and certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing testimony on established search methodologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying legal issues related to search and seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Comments

Please provide any comments or recommendations you have regarding the course:

Thank You

Thank you for taking the time to provide us feedback. The results of the survey will be used as a means for improving future training. Please select the Submit button below to complete the survey.

