

NCI OSFM Lab Relocation Survey

OMB #0925-0642  
Expiration Date 5/30/2020

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**1. Did you receive a Move Brochure at the Kickoff Meeting?** <sup>w</sup>

- Yes
- No
- Don't Know/ Remember

**2. Were all lab chemicals, equipment, and contents moved per the Move Schedule?** <sup>w</sup>

- Yes
- No
- Don't Know/ Remember

**3. Please rate your Program/ Division/ Center regarding the communication and coordination of your move process:** <sup>w</sup>

	Unsatisfactory	Poor	Satisfactory	Good	Outstanding	N/A
Communications about the move process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All questions answered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked for input	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall move process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Please rate your Relocation Managers (e.g. Fox Move Management, JK Moving, etc.) regarding the communication and coordination of your move process:** <sup>w</sup>

	Unsatisfactory	Poor	Satisfactory	Good	Outstanding	N/A
Communication about the planning and move process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All questions answered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of multiple vendors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of pre-move checkout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall move process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Were the scientific instruments and equipment moved carefully, without damage or incident?** <sup>w</sup>

- Yes
- No

If no, please explain

6. Were the movers effective in packing/unpacking? <sup>w</sup>

- Yes
- No
- N/A

If no, please explain

7. Was a lab door key provided? <sup>w</sup>

- Yes
- No
- N/A

If no, please explain

8. I was able to log in to the NCI network my first day at my new location. <sup>w</sup>

- Yes
- No
- N/A

9. Any IT issue I encountered was resolved in a reasonable time frame. <sup>w</sup>

- Yes
- No
- N/A

10. My new telephone was set up and working my first day at my new location. <sup>w</sup>

- Yes
- No

If yes, please answer question # 11

11. Any telephone issue I encountered was resolved in a reasonable time frame. <sup>w</sup>

- Yes
- No
- N/A

12. Comments: If the move process exceeded, or fell short of your expectations, please let us know. If you wish to be contacted by OSFM please provide your contact information.

<sup>w</sup>