

ISCD Outreach Feedback Questionnaire - Shortened - Drop Down

Instructions

17%

PROVIDING ANY INFORMATION FOR THIS QUESTIONNAIRE IS OPTIONAL

Instructions: This is a short series of questions designed to collect information the Chemical Facility Anti-Terrorism Standards (CFATS) Program can use to improve its outreach activities and provide better customer service to its user community. The questionnaire results shared inside DHS will not identify particular responses by an individual or company. Please contact us at cfats@hq.dhs.gov if you have any questions.

Privacy Notice: Your responses will be used to improve the Department of Homeland Security's Chemical Facility Anti-Terrorism Standards (CFATS) Program outreach activities and to provide better customer service to the CFATS community. Survey results are anonymous and will be reported at the aggregate level only. If you have any questions regarding this Notice, please contact NPPD Privacy at NPPDPrivacy@hq.dhs.gov.

Paperwork Reduction Act Notice (PRA): The public reporting burden to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of this information is voluntary. 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 and expiration date. Provide comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHS/NPPD/PI/ISCD, Josiah Horteaga at Josiah.Horteaga@HQ.DHS.GOV, ATTN: PRA 1670-0027
 OMB Control Number 1670-0027
 Expiration Date 01/01/2021

If you have any questions regarding this questionnaire, please contact CFATS at cfats@hq.dhs.gov.

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1. Please select the CFATS resource or activity which you are reviewing.

2. When did this CFATS resource or activity take place?
 Please enter MM/YYYY.

3. Overall how would you rate the CFATS resource or activity?

4. To what extent do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
CFATS information received will effectively inform my decision making regarding chemical facility safety or security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This experience has increased my knowledge of CFATS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CFATS information received was current and relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CFATS information received was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DHS representative had a thorough knowledge of CFATS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My questions were resolved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my questions were not resolved, a satisfactory alternative was provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your response to any above statements was "Disagree" or "Strongly Disagree," please explain below

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5. To what extent do you agree or disagree with this statement?

My organization will benefit from DHS assistance or training related to the following phases of the CFATS compliance process:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Meeting Risk-based Performance Standards (RBPS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registering online and completing a Top-Screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitting a Security Vulnerability Assessment (SVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing a Site Security Plan (SSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing an Alternative Security Program (ASP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing an Expedited Approval Program (EAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undergoing an Authorization Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undergoing a Compliance Inspection (subsequent to SSP approval)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undergoing a Corporate Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please provide any recommendations that you may have on how CFATS resources and outreach activities could be improved to enhance their relevance.

7. How would you describe your knowledge of CFATS?

8. Please select the category that best describes your organization.

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9. Please select the category that best describes your industry.

Other (please specify)

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10. Please select the category that best describes your government role.

Other (please identify)

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100%

11. Please select the location of your work site

Other (please specify)

12. In general, what is the amount of time you are willing to travel to participate in a CFATS resource or activity?

6 hours or more
 3 to 5 hours
 1 to 2 hours
 less than 1 hour

13. How do you usually obtain CFATS information?

	Always	Frequently	Sometimes	Rarely	Never
CFATS Knowledge Center (http://icfat-help.dhs.gov)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical Security Assessment Tool (CSAT) Help Desk (Call service center answers inbound calls & e-mails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DHS.gov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Assistance - Onsite (DHS representative visits chemical facilities to provide assistance with the CFATS compliance process)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Assistance - Remote (DHS representative provides assistance to facilities via phone, e-mail, or mail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry Associations (including websites, conferences, meetings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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