NCCAD Customer Feedback Survey

1. ## Date of the Assessment Session *

   [_____] 🗓

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

   [_____]

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? *

	Critical	Very Important	Important	Somewhat Important	Not Important
	○	○	○	○	○

8. Rate your satisfaction of the following:

	Very Satisfied	Somewhat Satisfied	No Opinion	Somewh Dissatisfi
Coordination of the event	○	○	○	○
Facilitators	○	○	○	○
OBP/NCCAD Briefing	○	○	○	○
Assessment	○	○	○	○
Reports	○	○	○	○
Facilities/Equipment	○	○	○	○

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

Very Satisfied	Somewhat Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
○	○	○	○	○

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

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
○	○	○	○	○

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
○	○	○	○	○

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

Next

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