

## NCCAD Customer Feedback Survey

Paperwork Burden Disclosure Notice: Public reporting burden for this data collection is estimated to average 3-5 minutes per response. The burden estimate includes the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestion for reducing the burden to: Information Collections Management, Department of Homeland Security, IP/PSCD, Mail Stop 8540, 245 Murray Lane SW, Washington, DC 20528-8540, ATTN: PRA (1234-xxxx). NOTE: DO NOT send your completed form to this address. 1. Date of the Assessment Session \* 2. Location of Assessment (City and State) 3. Assessment Format On-Site Webinar

Other (Please specify)								
4. Select the partner type that best describes your organization:								
O Law Enforcement								
○ Fire/Rescue								
Homeland Security								
Other (Please specify)								
5. Select the unit discipline type:								
O Bomb Squad								
O Dive Team								
C Explosives Detection Canine								
○ SWAT								
Other (Please specify)								
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	: Importa	Somew ant Importa		Not ortant				
0	0	0	0	(	0				
8. Rate your satisfaction of the following:									
		Very Satisfied	Somewhat Satisfied	No Opinion	Somewh Dissatisfi				
Coordinatio event	n of the	0	0	0	0				
Facilitators		$\circ$	$\circ$	$\circ$	0				
OBP/NCCAD Briefing		0	0	0	0				
Assessment		$\circ$	$\circ$	$\circ$	0				
Reports		0	$\circ$	0	0				
Facilities/Equipment		0	0	0	0				
<					>				
9. Overall, ho program?	w satisfie	ed are w	ith the use	efulness	of this				
Very Satisfied	Somewhat Satisfied	Satisfie	d Dissatisfi		ery atisfied				
0	0	0	0	(	0				

NCCA	NCCAD program to colleagues and other relevant								
profe	ssionals.								
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree				
	0	0	0	0	0				
have to effe	a better	understa prevent, p	nding of my protect agai	/ organiza	program, I tion's ability and to, or				
S	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree				
	0	0	0	0	0				
12. How could the NCCAD program be improved to increase it's value to your mission?									
Next									
		0%							

10. Based on my experience, I would recommend the