



Chemical Facility Anti-Terrorism Standards Feedback Questionnaire

PROVIDING ANY INFORMATION FOR THIS QUESTIONNAIRE IS OPTIONAL.

Instructions: This is a short series of questions designed to elicit feedback that the Cybersecurity and Infrastructure Security Agency (CISA) Chemical Security program office can use to improve its outreach activities and provide better customer service to its stakeholders. The questionnaire results will not identify specific feedback by any individual or company; however, please note that you have the option to provide your name and email address for more information, or if you would like CISA to contact you about your feedback. Please contact us at CFATS@hq.dhs.gov if you have any questions.

Paperwork Reduction Act Notice (PRA): The public reporting burden to complete this information collection is estimated at five (5) minutes per response, including the time for: reviewing instructions; searching existing data sources; gathering and maintaining the data needed; and completing and reviewing the responses given. The providing 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/CISA/Chemical Security at CFATS@hq.dhs.gov and include ATTN: PRA [1670-0027].

Privacy Notice:

Authority: The Protecting and Securing Chemical Facilities from Terrorist Attacks Act of 2014, Pub. L. No. 113-254 (2014) codified at 6 U.S.C. § 621 et seq., as amended by Pub. L. No. 116-136, Sec. 16007 (2020) authorizes the collection of this information.

Purpose: This collection will be used to contact you so CISA may respond to your question(s).

Routine Use: The Personally Identifiable Information (PII) you provide will be used by and disclosed to DHS personnel, contractors, or other agents to contact you.

Disclosure: Providing this information is voluntary. However, failure to provide any of the information requested may result in CISA being unable to contact you.

If you have any questions regarding this Notice, please contact CISA Privacy at CISAPrivacy@cisa.dhs.gov.

Please select the CFATS activity that which you are reviewing.

☐ Presentation at a conference, summit or seminar
☐ Presentation at a meeting
☐ Webinar
☐ Public Listening Session
☐ Exhibition booth at a conference
☐ Other

Date of CFATS activity (MM/DD/YYYY)?

Overall, how would you rate the CFATS activity?

Excellent
Good
Fair
Poor

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Please provide any additional information related to your responses to the above:

5

[illegible]

6 Please evaluate the following statement: My organization would benefit in learning about the following aspects of the CFATS program. (May select multiple answers)

- ☐ Meeting Risk-based Performance Standards (RBPS)
- ☐ Registering online and completing a Top-Screen
- ☐ Submitting a Security Vulnerability Assessment (SVA)
- ☐ Completing a Site Security Plan (SSP)
- ☐ Completing the Alternative Security Program (ASP)
- ☐ Completing the Expedited Approval Program (EAP)
- ☐ Undergoing an Authorization Inspection
- ☐ Undergoing a Compliance Inspection (subsequent to SSP approval)
- ☐ Submitting information for the Personnel Surety Program

7 Please provide any recommendations that you may have on how CFATS outreach activities could be improved.

8 How would you describe your knowledge of CFATS?

Beginner

Intermediate

Advanced

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How do you usually obtain CFATS information?

	Always	Frequently	Sometimes	Rarely	Never
Online resources (i.e. CFATS Knowledge Center, CISA.gov)	☐	☐	☐	☐	☐
Chemical Security Assessment Tool (CSAT) Help Desk (via phone call or email)	☐	☐	☐	☐	☐
On-site technical assistance from a CISA representative (i.e., in-person visit)	☐	☐	☐	☐	☐
Remote technical assistance by a CISA representative (i.e., teleconference, phone, e-mail, and/or mail)	☐	☐	☐	☐	☐
Industry Associations (including websites, conferences, meetings)	☐	☐	☐	☐	☐
Government Meetings (Federal, State, Local, Territorial or Tribal)	☐	☐	☐	☐	☐

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Please select the category that best describes your organization.

Academia & Research Centers

Environmental Group

Government - Federal

Government - State

Government - Local

Government - Territorial

Government - Tribal

Industry Association - National

Industry Association - State

Industry - Corporate HQ

Industry - Facility

Labor Organization

Other

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Please select the location of your work site

Alabama

Alaska

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

Florida

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Mississippi

Missouri

Montana

Nebraska

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Carolina

North Dakota

Ohio

Oklahoma

Oregon

Oregon

Pennsylvania

Rhode Island

South Carolina

South Dakota

Tennessee

Texas

Utah

Vermont

Virginia

Washington

West Virginia

Wisconsin

Wyoming

American Samoa

Guam

Northern Mariana Islands

Puerto Rico

U.S. Virgin Islands

Outside the United States

Please specify

- 12 If you would like more information, or if you would like CISA to contact you about this feedback, provide your name and email address below.

Name

Email Address

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