

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:

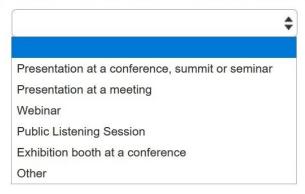
Authority: The Protecting and Securing Chemical Facilities from Terrorist Attacks Act of 2014, Pub. L. No. 113-254 (2014) codified at 6 U.S.C. § 621 et seq., as amended by Pub. L. No. 116-136, Sec. 16007 (2020) authorizes the collection of this information.

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.



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

Please enter	
MM/YYYY.	
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3 Overall, how would you rate the CFATS activity?



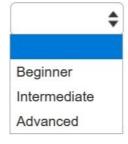
	Strongly Agree		Neutral	Disagree	Strongly Disagree	Not Applicat
The CFATS information I received will effectively inform my decision making regarding chemical facility safety or security.	0	0	0	0	0	0
This experience has increased my knowledge of CFATS.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The CFATS information I received was current and relevant.	\circ	0	0	\circ	0	0
The CFATS information I received was easy to understand.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The CISA representative had a thorough knowledge of CFATS.	\circ	0	0	\circ	0	0
My questions were resolved.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
If my questions were not resolved, I was provided a satisfactory alternative.	0	0	0	\circ	0	0
ase provide any additional information related to you	r respons	es to th	e above):):		

To what extent do you agree or disagree with this statement: "My organization will use this CISA outreach activity to comply with the following aspects of the CFATS program."

	Strongly	Agree	Noutral	Disagree	Strongly	Not Applicable
Meeting Risk-based Performance Standards	Agree	Agree	recutial	Disagree	Disagree	Дрисаріе
(RBPS)	0	0	0	0	0	0
Registering online and completing a Top-Screen	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Submitting a Security Vulnerability Assessment (SVA)		0	0	0	0	
Completing a Site Security Plan (SSP)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Completing the Alternative Security Program (ASP)		0	0	0	0	0
Completing the Expedited Approval Program (EAP)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Undergoing an Authorization Inspection	0	0	\circ	0		0
Undergoing a Compliance Inspection (subsequent to SSP approval)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ
Submitting information for the Personnel Surety Program		0		0		0

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
 ease provide any recommendations that you may have on how CFATS outreach activities uld be improved.

8 How would you describe your knowledge of CFATS?



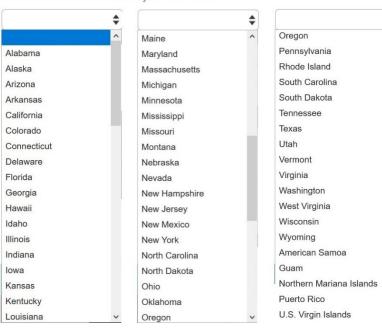
9 How do you usually obtain CFATS information?

	Always	Frequently	Sometimes	Rarely	Never
Online resources (i.e. CFATS Knowledge Center, CISA.gov)	\circ	\circ		\bigcirc	
Chemical Security Assessment Tool (CSAT) Help Desk (via phone call or email)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
On-site technical assistance from a CISA representative (i.e., in-person visit)	0	0	0	0	0
Remote technical assistance by a CISA representative (i.e., teleconference, phone, e-mail, and/or mail)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Industry Associations (including websites, conferences, meetings)	0	0	\circ	0	0
Government Meetings (Federal, State, Local, Territorial or Tribal)	\bigcirc	\circ	\circ	\bigcirc	\bigcirc

10) Please select the category that best describes your organization.



Please select the location of your work site



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Ou	utside the United States				
PI	ease specify				
12	If you would like more information, or if you would like CISA to contact you about this				
	feedback, provide your	eedback, 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.