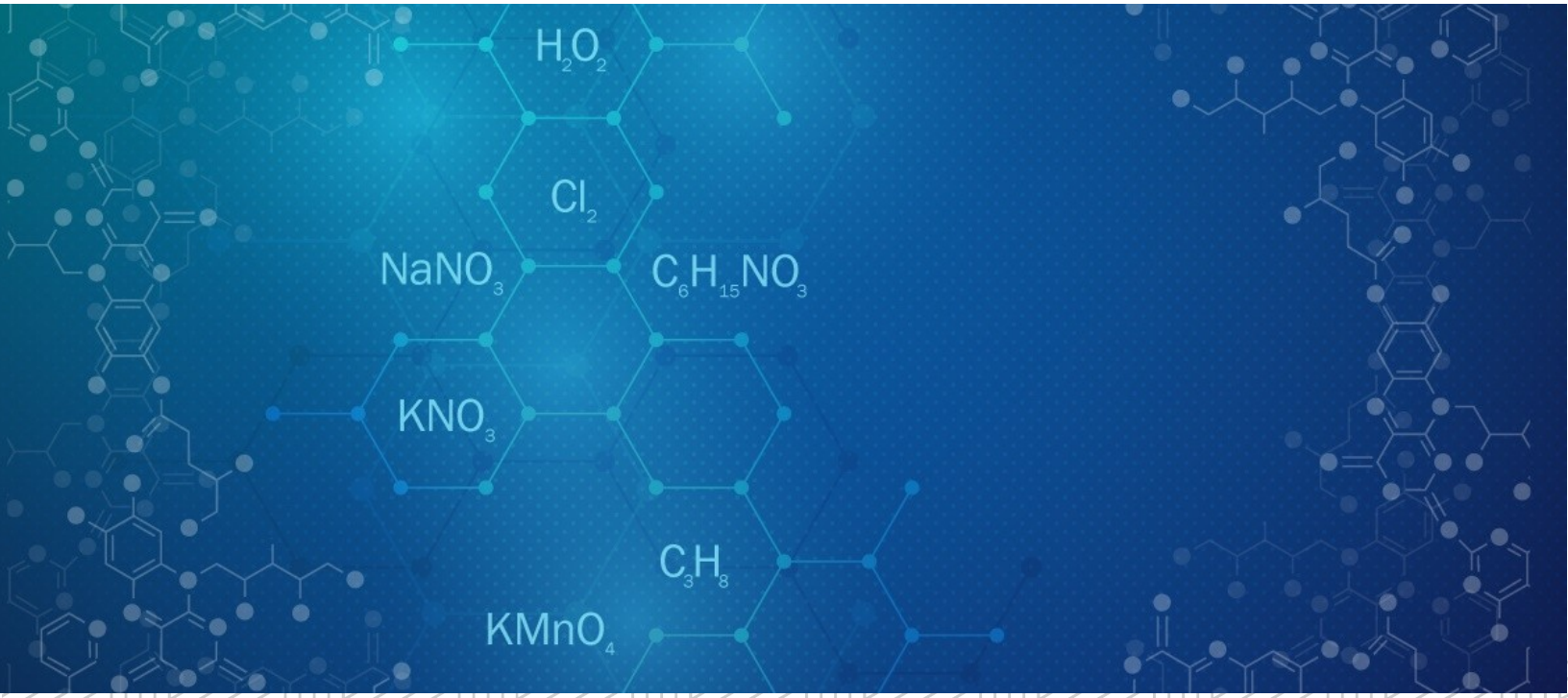

CHEMLOCK SERVICE FEEDBACK INSTRUMENT

Cybersecurity and Infrastructure Security Agency

1. Paperwork Reduction Act Statement

In accordance with the Paperwork Reduction Act, no one is required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The valid OMB Control Number for this information collection is 1670-NEW. The time required to complete this information collection is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2. Privacy Notice

Authority: CISA is authorized to collect the information requested on this form pursuant 6 U.S.C. 652(c)(5) (authorizing CISA to provide analyses, expertise, and assessments to critical infrastructure owners and operators upon request).

Purpose: CISA is requesting this information to record feedback about services provided to facilities as part of the ChemLock program.

Routine Use: The information requested on this form may be used by and disclosed to DHS personnel, contractors, or other agents, including but not limited to other Federal, state, and local officials; and used to contact the submitter and conduct any administrative follow up actions required to ensure adherence to ChemLock goals. A complete list of the routine uses can be found in the system of records notice associated with this form, "Department of Homeland Security/ALL/-002 Department of Homeland Security (DHS) Mailing and Other Lists System" November 25, 2008, 73 FR 71659. The Department's full list of system of records notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.

Disclosure: Providing this information is voluntary. However, if you wish to be contacted about your feedback, failure to provide the requested information will prevent CISA from contacting you.

3. ChemLock Feedback

This instrument uses verbal conversation, emails, text fields, check boxes or similar means to collect the following and similar information:

- Program Demographics
  - Whether facility completed intake form
  - Facility/Company Size

  - Facility/Company Location
  - Trade Associations of which Company is a member
  - Chemical Sector Information
- Program Health
  - Type of training or service received
  - Date of training or service received
  - Number and type of any other ChemLock services received
  - Whether recipient has already or plans to request further ChemLock services
  - How did you learn about ChemLock?
- Program Outcomes
  - Did the information you received through the service have any impact on your facility's operations?
    - If yes, please provide details
  - Please select your level of chemical security knowledge before the course
  - Please select your level of chemical security knowledge after the course
- Service Quality
  - Overall, how would you rate the ChemLock program activity
  - Feedback questions on the performance of the (instructor/ facilitator, etc.)
    - Please rate the instructor's level of knowledge
    - Please rate the instructor's level of professionalism
    - Recommendations to improve instructor's performance
    - Recommendations to improve course
  - Feedback questions on the ChemLock service/course materials
  - Was the process of obtaining and using ChemLock services easy and straightforward to navigate?
  - To what extent do you agree or disagree with the following statements?
    - The chemical security information I received will effectively inform my decision making regarding chemical facility safety and/or security, risk mitigation, and/or resilience enhancements
    - The chemical security information I received was current and relevant
- What other resources or services from ChemLock would you find useful?
- Contact information if you would like us to contact you about this feedback.