

Form Approved

OMB Control Number: 0920-1050

Exp Date: XX/20XX

**Title: Customer Feedback Survey about the Electronic Federal Select Agent Program (eFSAP)
Information System**

The Federal Select Agent Program would like to know more about your experience using its electronic information system, eFSAP. Please complete this brief, anonymous survey by **DATE**. The information collected in this survey will inform improvements to the eFSAP information system.

For more information on the Federal Select Agent Program (FSAP), please visit the program's website at <https://www.selectagents.gov/>. If you have any questions about this survey, please contact the Animal and Plant Health Inspection Service/Division of Agricultural Select Agents and Toxins (APHIS/DASAT) at 301-851-2070 or DASAT@usda.gov, or the Centers for Disease Control and Prevention/Division of Select Agents and Toxins (CDC/DSAT) at 404-718-2000 or LRSAT@CDC.gov.

1. With regards to your entity's select agent program, which best describes your organizational role?

Responsible Official (RO)

Alternate Responsible Official (ARO)

Principal Investigator (PI)

Owner/Controller

Science Personnel (e.g., laboratorian)

Support Personnel (e.g., animal care, IT, security, safety, maintenance, administrative, shipping/receiving)

Other (Please Specify) _____

2. Do you currently have access to the eFSAP information system?

Yes

No (If no, direct to open-ended final comment box)

3. What is your current level of access to the eFSAP information system?

Entity RO/ARO

Entity PI

Entity Super Admin (Ability to access all entity information and draft details for RO/ARO review and submission)

Entity Read-Only (Ability only to view all entity information)

Unsure

4. What types of tasks are you completing in the eFSAP Information System? Select all that apply.

Form 1 Amendments - Administrative (cover letter/FSAP approval not required) (e.g., requesting to add personnel)

Form 1 Amendments - Technical (cover letter/FSAP approval required) (e.g., work objective changes/updates)

Form 1, Section 7B (Agent/Toxin, Strain/Serotype designation information)

Form 2 - Transfers

Form 3 - Theft, Loss, Release (TLR)

Form 4 - Identifications

Reviewing Inspection Reports

Responding to Inspection Report Findings

Other (Please Specify) _____

5. How frequently do you use the eFSAP information System?

Daily

Weekly

Monthly

Quarterly

Annually

I have not used eFSAP in the past year (If this, direct to open-ended final comment box)

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

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Now we are going to ask about your experience using the eFSAP information system.

Some of the questions below are from the validated User Experience Questionnaire. For more information, visit www.ueq-online.org/.

6. Please rate your overall level of satisfaction with the eFSAP information system.

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

Prefer not to answer

7. Please select your level of agreement with the following statement: The eFSAP information system supports regulatory compliance.

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

Not applicable

Prefer not to answer

		1	2	3	4	5	6	7	
Obstructive		☐	☐	☐	☐	☐	☐	☐	Supportive
Complicated		☐	☐	☐	☐	☐	☐	☐	Easy

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9. With that ideal eFSAP information system in mind, please respond to the following statements, ranging from 1-7 with "Completely unimportant" on the left to "Very important" on the right.

[illegible]

Using the eFSAP information system should be interesting, exciting, and motivating.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

The eFSAP information system should be innovative, inventive, and creatively designed.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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Please answer these last few questions.

10. What do you like about the eFSAP information system?

(open ended)

11. What do you dislike about the eFSAP information system?

(open ended)

12. What should be added to the eFSAP information system?

(open ended)

13. Please provide any additional comments here.

(open ended)

----- END OF SURVEY -----

Thank you for completing the customer feedback survey about the eFSAP information system. The information collected in this survey will inform improvements to the eFSAP information system. For more information on FSAP, please visit the program's website at <https://www.selectagents.gov/>. If you have any questions, please contact APHIS/DASAT at 301-851-2070 or DASAT@usda.gov, or CDC/DSAT at 404-718-2000 or LRSAT@CDC.gov.