



# Explosive Blast Modeling Feedback Form

\* Required

1. What site/facility/event are you submitting this survey for? \*

2. How satisfied are you with the graphical presentation you received? \*

1 = least satisfied, 5 = most satisfied

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. If you received a report, how satisfied are you with the report you received? \*

1 = least satisfied, 5 = most satisfied

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. Based on your interactions with the blast modeling team and the products you received, how likely are you to recommend this service to someone else (person or business)? \*

1 = least likely, 5 = most likely

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

5. Based on the materials presented to you in the assessment process are you better prepared to inform your organization to effectively prevent, protect against, respond to, or mitigate bombing incidents? \*

1 = least prepared, 5 = most prepared

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. Were the results presented to you within your desired time-frame? \*

☐ Yes

☐ No

7. What was the expected time-frame? \*

☐ 1-15 days

☐ 16-30 days

☐ 31-45 days

☐ 46-60 days

☐ 61+

8. As a facility, have you already implemented changes based on the information provided from the blast modeling team?

- ☐ Yes
- ☐ No
- ☐ Plan to implement but have not yet
- ☐ Maybe

9. Regarding recommendations or options for considerations provided from the EBM assessment have you made changes to security plans or upgrades/retrofits to the building, what changes/enhancements/retrofits have you made to your facility/plans?

10. If you have not implemented changes yet, do you plan to implement any changes to your security protocols based on the information the results that were provided to you?

- ☐ Yes, in the next 1-3 months
- ☐ Yes, in the next 3-6 months
- ☐ Yes, in the next 6-12 months
- ☐ No, I do not plan to make any changes based on the recommendations provided by the
- ☐ Maybe, still evaluating

11. Please provide any information you would like OBP to know about your changes based on the information provided in this assessment? (i.e. vehicle access distance, pre-screening vehicles offsite, retrofits to building, anticipated timeline, etc.)

12. Please provide any additional feedback for the Office for Bombing Prevention or the Explosive Blast Modeling team:

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**Paperwork Burden Notice:**

The public reporting burden to complete this information collection is estimated at 10 minutes per form response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/CISA/ISD, 245 Murray Lane, SW, Mail Stop 0640, Arlington, VA 20598-0640 ATTN: PRA [OMB Control No. 1670-00XX].