OMB Control # 1670-NEW

Expiration Date: mm/dd/yyyy

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: