

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration  
**AIR CARGO MANAGEMENT SYSTEMS USER SURVEY**

**INSTRUCTIONS:** The Transportation Security Administration (TSA) Air Cargo Security Program is conducting a user assessment of its Air Cargo Management Systems. By completing this voluntary survey, users will assist the program in identifying and prioritizing ongoing improvements opportunities for its systems. Please provide a copy of the completed survey to the Air Cargo Security Program by visiting the [Indirect Air Carrier Management System \(IACMS\)](#), [Known Shipper Management System \(KSMS\)](#), or [Security Threat Assessment Tool \(STAT\)](#).

**SECTION I. Contact Information (Optional)**

Name	Organization	Email
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**SECTION II. Required Information**

1. What is your primary role in using Air Cargo Systems?

- a.  Indirect Air Carrier (IAC)
- b.  Air Carrier (AC)
- c.  Certified Cargo Screening Program (CCSP) Shipper
- d.  Independent Cargo Screening Facility (ICSF)
- e.  Other (please indicate role: \_\_\_\_\_)

2. What Air Cargo System(s) do you use?

- a.  Indirect Air Carrier Management System (IACMS)
- b.  Known Shipper Management System (KSMS)
- c.  Security Threat Assessment Tool (STAT)

3. How frequently do you use the system(s)?

- a.  Daily
- b.  Weekly
- c.  Monthly
- d.  Seldom
- e.  Never

4. How long have you used Air Cargo Systems?

- a.  Less than 1 year
- b.  1-2 years
- c.  3-4 years
- d.  More than 4 years

5. Which web browsers do you use to access Air Cargo System(s)? Please indicate whether you use the browser frequently, occasionally, or never use the browser to access the system(s).

	Internet Explorer	Firefox	Chrome	Safari	Other: _____
Use Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which words **best** describe your thoughts about each system? Please select from following list of descriptive words, or use your own descriptive word(s).

Well-organized	Effective	Functional	Inconvenient	Time-consuming
Convenient	Fast	Practical	Confusing	Slow
Reliable	Effortless	Inefficient	Complicated	Painstaking
User-friendly	Efficient	Tedious	Poor quality	Convolved

7. What currently operates well within the system(s)?

8. Please indicate whether you agree or disagree with the following statements regarding each system:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
System is available when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System is easy to navigate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The page layout, fonts, text spacing, and graphics in the system are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content in the system is complete and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System performance is acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System contains the functionality I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New system releases have improved system functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What is/are the biggest problem(s) you are experiencing with the current system(s)?

10. Are there any limitations with the current system(s) that prevent you from efficiently complying with TSA air cargo security requirements? If so, please explain.

**PAPERWORK REDUCTION ACT BURDEN STATEMENT:** TSA is collecting this information to identify ongoing improvement opportunities for its Air Cargo Management Systems. The public burden for collecting this information is estimated to be approximately 10 minutes. This is a voluntary collection of information. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0058, 601 South 12<sup>th</sup> Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0058, which expires 07/31/2016.