

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**TSA PRODUCT FEEDBACK SURVEY**

**INSTRUCTIONS:** Please complete survey questions and submit per directions below.

Product Title: \_\_\_\_\_

**1. Stakeholder or Partner (Select one):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> DHS Component                     | <input type="checkbox"/> Industry: Air Cargo                   | <input type="checkbox"/> Industry: Original Equipment Manufacturers       |
| <input type="checkbox"/> Intelligence Community (IC)       | <input type="checkbox"/> Industry: Airport                     | <input type="checkbox"/> Industry: Passenger Air                          |
| <input type="checkbox"/> Federal (non-IC)                  | <input type="checkbox"/> Industry: Freight Rail                | <input type="checkbox"/> Industry: Pipeline                               |
| <input type="checkbox"/> State, Local, Tribal, Territorial | <input type="checkbox"/> Industry: Highway                     | <input type="checkbox"/> Other (Please exclude any PII from your answer): |
| <input type="checkbox"/> Foreign Engagement                | <input type="checkbox"/> Industry: Mass Transit/Passenger Rail |   |

**2. How satisfied or dissatisfied are you with this transportation security information overall? (Select one)**

- Very satisfied     
  Somewhat Satisfied     
  Neither Satisfied Nor Dissatisfied     
  Somewhat Dissatisfied     
  Very Dissatisfied

**3. How satisfied or dissatisfied are you with the following aspects of this transportation security information? (select one)**

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Timeliness: The degree to which you received or obtained the information within the time it was needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance: The degree to which the information was applicable to your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness: The degree to which the information contained all the necessary details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actionability: The degree to which the information enabled you to make adjustments to your security measures, if such a change was warranted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy: The degree to which the information was correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Mechanism: The manner by which the information was received (e.g. website, email, brief)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Did you find this transportation security information valuable (select one)?**

- Yes     No

**If Yes, check the areas where it provided value (select one or more):**

- Improved understanding of a transportation threat, vulnerability, and/or consequence  
 Integrated into my organization's security awareness products, or shared product internally or with other partners  
 Resulted in a change or validation of one or more security measures and/or policies  
 Responded to a specific threat  
 Other. Please explain (Please exclude any PII from your answer):

DEPARTMENT OF HOMELAND SECURITY  
 Transportation Security Administration

**If No, check the reasons the information was not valuable (select one or more):**

- The information arrived too late
- The information does not apply to my organization
- The information is unclear
- The information contains errors
- The information lacked objectivity
- The information is too verbose
- Other. Please explain(Please exclude any PII from your answer):

**5. Suggestions for Improvement, Issues, or General Comments (if desired) (Please exclude any PII from your answer):**

*Would you be willing to be contacted regarding your survey response? Yes No*

(Not required) If you are willing to be contacted, please fill in information below.

Name:	Phone Number:
Organization:	Email Address:

**Provide Survey Responses to [TSA.InfoSharing@tsa.dhs.gov](mailto:TSA.InfoSharing@tsa.dhs.gov) or {"Submit Feedback" Button}**

**Privacy Act Statement: Authority:** 49 USC 114(f). **Purpose:** This information will be used by TSA to respond to transportation security stakeholders that voluntarily provide contact information. **Routine Uses:** Information you provide may be disclosed to individuals within TSA who have a need to know the information in the performance of their official duties and in accordance with the routine uses identified in DHS System of Records, DHS/TSA 006, Correspondence and Matters Tracking. **Disclosure:** Voluntary.

**PAPERWORK REDUCTION ACT BURDEN STATEMENT:** TSA is collecting this information to identify ongoing improvement opportunities for its Information Sharing Program. The public burden for collecting this information is estimated to be approximately 5 minutes. This is a voluntary collection of information. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0058, 6595 Springfield Center Drive, Springfield, VA 20598 – 6011. 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 08/31/2028.