

# Certification Process Feedback

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- Applicant Feedback

<b>AVS</b>		Revision 8.0
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## GENERAL INSTRUCTIONS

1. CPD feedback may be completed by all.
2. Internal customer feedback to be completed by FAA personnel.
3. Certification Consultant feedback may be completed by all.
4. Applicant feedback to be completed by the applicant.

Please forward all comments to the following address:

E-mail: 'AVS-AFS900-Management Team@faa.gov

***Mail address:***

FAA AFS-900 ATOS CMO /  
45005 Aviation Drive, Suite 240  
Dulles, VA. 20166-7513  
ATTN: Certification Section Manager

Certification Process Document Feedback Form

Please provide comments and suggestions regarding the Certification Process Document (CPD). Indicate what worked well and what did not work. Address one gate or phase per sheet. If you find an error please tell us about it. Please fill out this form electronically.

- |   |   |
|---|---|
| <input type="radio"/> Phase I - Formal Application<br><input type="radio"/> Phase II – Design Assessment<br><input type="radio"/> Phase III – Performance Assessment<br><input type="radio"/> Phase IV - Administrative Functions | <input type="radio"/> Gate I<br><input type="radio"/> Gate II<br><input type="radio"/> Gate III |
|---|---|

Name of Sender:  Title:

Region/Office:  Phone:

I would like to discuss this matter. Please contact me.

Comments:

Enter your appropriate comments specific to the phase or gate identified above.

## INTERNAL CUSTOMER FEEDBACK

Name of CHDO:

What is your position?

(Manager, Supervisor, CPM, Non-supervisory Inspector)

Name (Optional):

For each item identified below, double click on check box and select checked to select cell.  
Use the scale to select the quality number.

<b>DESCRIPTION/IDENTIFICATION OF FEEDBACK ITEM</b> (Insert Comment for any item below, when selecting a number less than 3)	Scale:					
	N/A	1	2	3	4	5
	N/A - Does Not Apply or Don't Know 1 - Strongly Disagree/Extremely Dissatisfied 2 3 - Neither Agree or Disagree 4 5 - Strongly Agree/Extremely Satisfied					
1. All AFS-900 services requested were delivered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. AFS-900 services were delivered in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. AFS-900 personnel were courteous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. AFS-900 personnel were knowledgeable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. AFS-900 personnel provided the answers/assistance I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Briefings provided by AFS-900 adequately prepared the certification team for this certification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The Certification Process Document and its appendixes were valuable during the certification process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The CHDO/AFS-900 "One Team" approach was successful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments:

## CERTIFICATION CONSULTANT FEEDBACK

Name of Company:

Name of the Certification Consultant

Name (Optional):

For each item identified below, double click on check box and select checked to select cell.  
Use the scale to select the quality number.

<b>DESCRIPTION/IDENTIFICATION OF FEEDBACK ITEM</b> (Insert Comment for any item below, when selecting a number less than 3)	Scale:					
	N/A - Does Not Apply or Don't Know	1 - Strongly Disagree/Extremely Dissatisfied	2	3 - Neither Agree or Disagree	4	5 - Strongly Agree/Extremely Satisfied
	N/A	1	2	3	4	5
1. Rate the value added of using an FAA qualified certification consultant, when compared to traditional methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Were the Formal Application Meeting objectives made clear by the consultants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did the handouts and DCTs provided by the certification consultants provide enough detail instruction for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel you were adequately prepared to develop your processes and document them in manuals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Was the consultants overall approach to training and effective experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Did the services provided by the certification consultants meet your expectations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did the certification consultants provide the necessary information, training, and guidance to adequately prepare for the Formal Application Phase?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

### APPLICANT FEEDBACK

Name of your company:

What is your position?

Name (Optional):

For each item identified below, double click on check box and select checked to select cell.  
Use the scale to select the quality number.

<b>DESCRIPTION/IDENTIFICATION OF FEEDBACK ITEM</b> (Insert Comment for any item below, when selecting a number less than 3)	Scale:					
	N/A	1	2	3	4	5
1. The Certification Project Team (CPT) was knowledgeable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The CPT provided assistance and resolved issues in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The Certification Process Document (CPD) and its appendixes were valuable during the certification process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The Safety Attribute Inspection data collection tools, were useful during your manual development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. AFS-900 participation in the process added value to the certification project?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments: