Certification Team Member Feedback Form (Post On-Site Visit)

Entity Name NCRXXXXX

Team Lead: Insert Name

On-Site Date: Insert Date of On-Site Visit

Form Completion Date: Insert Date of Form Completion

Your Name: Insert name or 'anonymous'

Your Title: Insert title or 'anonymous'

**Please return this questionnaire to** **certification@wecc.org**

**Please also provide a copy to** **NERC.Certification@nerc.net****.**

We appreciate the time and effort you and your company have expended in the preparation for and support of the certification process. We are always interested in improving the process and would appreciate your feedback regarding the composition of the team, the processes and procedures the team uses and any other comments you may have. Please take a few minutes to provide your comments by completing this form. Please be as honest and candid as you can to provide us the feedback required to improve. Again, thank you for your time and effort.

1. Were you provided with sufficient notice of being assigned to the CT?
	1. Yes [ ]
	2. No [ ]

Please provide any details or information that can help us in this area. **Response:**

1. Was the team methodology clearly communicated?
	1. Dates **Yes** [ ]  **No** [ ]
	2. Necessary training as a member **Yes** [ ]  **No** [ ]
	3. Scope **Yes** [ ]  **No** [ ]
	4. Agendas **Yes** [ ]  **No** [ ]
	5. Specific information requests **Yes** [ ]  **No** [ ]
	6. Worksheets **Yes** [ ]  **No** [ ]
	7. Confidentiality agreements **Yes** [ ]  **No** [ ]
	8. Objectives **Yes** [ ]  **No** [ ]
	9. Templates to use **Yes** [ ]  **No** [ ]
	10. Role as CT member **Yes** [ ]  **No** [ ]
	11. Final Report completion **Yes** [ ]  **No** [ ]

Please add any specific comments referencing any of the above issues. **Response:**

1. Do you feel the CT was qualified to review the processes, tools, and documentation that were presented as evidence?
	1. Yes [ ]
	2. Somewhat [ ]
	3. No [ ]

Please provide any suggestion as to skills or competencies that you thought were missing from the CT, or would add to the success of a certification. **Response:**

1. Did the team adequately prepare for the on-site visit?
	1. Yes [ ]
	2. Somewhat [ ]
	3. No [ ]

Please provide any suggested improvements for on-site visit preparation. **Response:**

1. The CT member(s) requested appropriate evidence to provide a reasonable basis for their findings and conclusions. Please indicate how much you agree with the previous statement.
	1. Strongly Agree [ ]
	2. Agree [ ]
	3. Disagree [ ]
	4. Strongly Disagree [ ]

Please provide any specific comments regarding the evidence requests made by the CT. **Response:**

1. The CT was adequately trained to conduct productive interviews with entity management, operating personnel, etc. Please indicate how much you agree with the previous statement.
	1. Strongly Agree [ ]
	2. Agree [ ]
	3. Disagree [ ]
	4. Strongly Disagree [ ]

Please provide any suggestion as to skills or competencies that you thought were missing from the CT or would add to the success of the interviews. **Response:**

1. Did the CT member(s) use appropriate professional judgment to develop sound findings and focus on reliability?
	1. All of the time [ ]
	2. Most of the time [ ]
	3. Some of the time [ ]
	4. Hardly ever [ ]
	5. Never [ ]

Please provide any specific comments regarding this attribute of the CT? **Response:**

1. Were you satisfied with the team caucus at the end of each day to review the daily findings?
	1. All of the time [ ]
	2. Most of the time [ ]
	3. Some of the time [ ]
	4. Hardly ever [ ]
	5. Never [ ]

Please provide any details or information that can help us structure the team caucus. **Response:**

1. Were the overall findings adequately supported and presented during the closing presentation?
	1. Yes [ ]
	2. Somewhat [ ]
	3. No [ ]

Please provide any details or information that can help us understand how to improve our closing presentations. **Response:**

1. Did the CTL maintain the agreed schedule?
	1. All of the time [ ]
	2. Most of the time [ ]
	3. Some of the time [ ]
	4. Hardly ever [ ]
	5. Never [ ]

Please elaborate on any suggestions to help a CTL maintain the agreed schedule. **Response:**

1. I had a clear understanding of the post on-site visit requirements, process, schedule, and report creation. Please indicate how much you agree with the previous statement.
	1. Strongly Agree [ ]
	2. Agree [ ]
	3. Disagree [ ]
	4. Strongly Disagree [ ]

Please provide any details or information that can help us understand ways to improve in this area. **Response:**

1. Did the experience of participating on a CT provide you with helpful suggestions for improving your own organization’s processes and procedures? Please elaborate on any benefits you feel your organization will derive from these suggestions.
	1. Yes [ ]
	2. No [ ]

Please elaborate on any benefits you feel your organization will derive from these suggestions.

**Response:**

1. Do you have any general suggestions that would improve the certification process?

**Response:**

Thank you again for your time, diligence and insights in providing us such valuable feedback to improve our Certification process.