

# **Post Market Surveillance Web Questionnaire**

*Instructions: This section of the questionnaire is to be completed by the initiator of the surveillance activity. One form is required for each consignee. Enter consignee information below.*

Date: \_\_\_/\_\_\_/\_\_\_

Reason For Post Market Surveillance (please check (√) one):

- Quality problem related use of one of FEMA/JCEC's products
- Requested by FEMA/JCEC
- Routinely provide feedback to FEMA/JCEC
- Other

## **Product Identification**

Describe below the product and lot number(s) which is the subject of this surveillance activity:

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## **Sender Information**

Sender Business Name:

Address:

Contact

Name:

Telephone & Fax

Number:

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The Questionnaire Begins on Page 2. Turn this page over. Thank you

## Questionnaire

*Instructions: Please complete each question in this section of the questionnaire in entirety. CLICK "Submit" at end.*

Please rate your overall satisfaction with the product (√):

Very Satisfied                      Satisfied                      Disappointed

Briefly tell us your experience with this product:

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Have you received any reports of illness, injury, or death related to the use of this device? (√):

Yes       No

If you responded yes to the question above, please provide details of the event(s) and indicate whether or not you contacted the supplier to report the incident:

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Please rate how this product compares with similar products you have used (√):

Superior                      No Difference                      Inferior

Please provide a brief explanation as to why you responded the way you did to the question above.

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Please indicate which product feature you find most desirable (√):

Cost                      Safety                      Effectiveness                      Consistency                      Other \_\_\_\_\_

## Questionnaire (cont'd)

Please, briefly tell us how you would improve the product:

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Please rate whether or not the product was able to meet procedural requirements, and to provide the performance you expected? (√)

Surpassed Requirements                      Met Requirements                      Inadequate

Tell us one thing about the product that prompted you to answer the previous question the way you did:

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Do you know how to reach the supplier of the product should you have a complaint or need assistance in the use of the product? (√)

Yes                       No

### **Additional Questions (Optional)**

*Instructions: It is not necessary to complete this section of the questionnaire if the reason for the surveillance is in response to a product problem.*

Is the supplier responsive to you needs? For example, do they ship the orders in a timely fashion and are the orders filled correctly? (√)

Yes                       No

Indicate one area that the supplier can improve their performance:

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**SUBMIT**