**Document Change History**

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| **Version** | **Date** | **Change** |
| 01-D-01 | 7/22/2020 | Initial Draft |
| 01-D-02 | 9/29/2020 | Support Lead Edits and Comments |
| 01-D-03 | 10/2/2020 | Support Lead Edits and Comments |
| 01-D-04 | 10/14/2020 | Support Team Review |
| 01-D-05 | 12/7/2020 | Support Lead Review |
| 01-D-06 | 12/7/2020 | Technical Edit |
| 01-D-07 | 12/8/2020 | IOA Team Review |
| 01-D-08 | 3/4/2021 | Tech Ops and Support Lead Review |
| 1-D-09 | 3/30/2021 | Final Technical Edit |
| 1-F | 3/30/2021 | Finalized |
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**This questionnaire is part of an Independent Operational Assessment (IOA) of the National Airspace System (NAS) Voice Recorder (NVR) system at the Seattle Air Route Traffic Control Center (ZSE). Its purpose is to gather data directly from the ZSE Air Traffic users of the NVR system. The NVR IOA is not an assessment of your facility or facility personnel. Instead, this assessment focuses on the NVR system and associated NVR support and training that have been delivered. Your active participation in completing this questionnaire allows your input to be considered in determining the Operational Readiness of the NVR system. The National Air Traffic Controllers Association (NATCA) has been provided this questionnaire for review. Administration of the questionnaire has been coordinated with the facility management and your local NATCA representative.**

**Please answer the following questions and return this questionnaire in the envelope provided. Your participation is strictly voluntary. All responses are anonymous and will be kept completely confidential. Once the results are tabulated and summarized by the Independent Safety Assessment (ISA) Team, the original questionnaire responses will be destroyed.**

**Thank You,**

**Debby Schafer,**

**Safety and Technical Training**

**ISA Team**

Please check **only one** **response per question**. Please provide as much information as possible in the comments section; we rely heavily on the comments that you provide. If you are unsure of the answer, please note that in the comments section as well. If you have not had the opportunity to perform or observe the function described by the question, answer N/A. Please use the back of the questionnaire if more space is required.

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| **Position:  ATCS  OS/OM  TMC  QC Specialist  QC Manager**  **Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **Item** |  | **Comments** |
| **BACKGROUND** | | |
| A. Have you received NVR-related training for your position? | YES  NO | If YES, please describe the type of training you received (e.g., classroom, computer-based instruction, course number).  If NO, you do not need to complete the rest of this questionnaire. Thank you. |
| B. Have you used the NVR system to retrieve and play back recorded audio data? | YES  NO |  |
| **1. TRAINING, DOCUMENTATION AND PROCEDURES** | | |
| 1.1 Was the training effective to prepare you to operate the NVR system? | YES  NO | If NO, please specify which course and describe the areas in which that course needs improvement. |
| 1.2 Does NVR provide adequate documentation to support operational use of the system? | YES  NO | If NO, please describe specific areas in which the air traffic documentation or procedures need improvement. |
| 1.3 Are the local procedures to report NVR problems effective? | YES  NO | If NO, please describe specific areas in which the procedures need improvement. |
| **2. HUMAN FACTORS** | | |
| 2.1 Rate your agreement with the following statement: The NVR workstation user controls, displays, and user preference settings are intuitive and effective. | STRONGLY DISAGREE  DISAGREE  NEUTRAL  AGREE  STRONGLY AGREE | If you chose STRONGLY DISAGREE or DISAGREE, please describe the specific problems or counterintuitive interface elements you encountered. |
| 2.2 Have you had any issues with accessing and playing back recorded audio data from the NVR system? | YES  NO | If YES, please describe the specific problems you encountered and any operational/safety impact. |
| 2.3 Does the NVR system effectively notify you when it is not operational or in a degraded state? | YES  NO  N/A | If applicable, please provide an example of situation where you were or were not notified of outage, and note any operational/safety impact. |
| **3. PERFORMANCE** | | |
| 3.1 Have you observed any instances where a NVR malfunction caused interference with any other NAS systems (e.g., radio, telephones)? | YES  NO  N/A | If YES, please describe the specific problems you encountered and any operational/safety impact. |
| 3.2 Are you able to retrieve and process recorded/stored audio data in a timely manner? | YES  NO | If NO, please describe deficiencies and any operational/safety impact. |
| **4. SECURITY** | | |
| 4.1 Were you assigned the appropriate level of security access to NVR system to perform your duties*?* | YES  NO | If NO, please describe the specific problems you encountered and any operational/safety impact. |
| 4.2 Have you experienced any difficulty logging onto the NVR system? | YES  NO | If YES, please describe the specific problems you encountered and any operational/safety impact. |
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| |  | | --- | | **General Comments** | | Please provide any other comments or observations that you feel will be helpful and informative in the evaluation of the NVR system. If more space is needed, continue comments on the back of this sheet. | | Thank you for taking the time to complete this questionnaire. Your input will be used to support the IOA Team’s independent assessment of the Operational Readiness of the NVR system. Your responses will be kept confidential. Once the results are tabulated and summarized by the ISA Team, the original questionnaire responses will be destroyed. | | | |