

Compliance System and Vendor Survey

Instructions

This survey is intended to collect people's opinions about compliance software in general, as well as the 4 vendors and the software they demonstrated on MM/DD/YYYY. It should take approximately 10 minutes to complete. You need not identify yourself. Questions 1-26 deal with your opinions of compliance systems and the vendors, while questions 27-30 ask you about your background. Question 31 is for any comments you'd like to make. Results will be analyzed on an aggregate basis and will help us make a decision around acquiring a compliance system

You can either print this and fill it out manually, or fill it out electronically (this document is "protected for forms" so that you only tab through the form fields). **This survey must be faxed or emailed by Xpm CST, Week Day, Month ##th to Project Manager or Designe Name (fax 555-555-5555; email projectmanager@IMS.com).** You need not attach a cover page to any fax. If you kept notes on the Software Evaluations Notes form provided with the meeting requests, you are encouraged to submit those along with this completed survey. Surveys not sent by the aforementioned time will not be included in the aggregate results.

Part 1: What is your general opinion of compliance software?

After seeing these 4 demos, to what extent do you agree that one of these compliance systems could:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. help make your daily routine more efficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. add long term value to managing applicability determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. help you manage key risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. help you manage tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. help you manage changes in regulations or other drivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. help you measure compliance performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. help you manage data and calculations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. help you meet your compliance management needs, overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you use [Our Internal System or Existing System Name](#) or any output/reports from the [system\(s\)](#)? Yes No

	never	Less than 5x	Once a month	Once a week	Daily
10. Over the last year, how frequently have you used a custom built applicability database or output /reports from such database?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Among the following tools & resources, check all that you directly use today to manage compliance:

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Excel, Access, Word | <input type="checkbox"/> External Consultants | <input type="checkbox"/> People Soft | <input type="checkbox"/> Other |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Internal Internet Site | <input type="checkbox"/> Training System | <input type="checkbox"/> Other |
| <input type="checkbox"/> Maint. WrkOrd Syst. | <input type="checkbox"/> Microsoft Sharepoint | <input type="checkbox"/> Internet | <input type="checkbox"/> Other |
| <input type="checkbox"/> Corp. EHS | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other. Please describe: _____ | | | |



12. For those tools and resources that you identified in question 11 above, choose the 5 most critical, and then place them in order of importance where 1 is the most important, 2 is the 2nd most important, and so on.

1. _____
2. _____
3. _____
4. _____
5. _____

Part 2: What is your opinion of the vendors and their systems?

	Prod. 1	Prod. 2	Prod. 3	Prod. 4
13. Check the vendor demo's you participated in: Each company's demo lasted about X hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. About how many hours were you successfully connected to and viewing each company's webcast?				
15. About how many hours were you dialed into the conference call?				

For each characteristic in questions 16-23 below, please indicate which system you think performed the best, then 2nd best, then 3rd best then 4th best by placing a 1, 2, 3 or 4 under the corresponding vendor.

Only rank those that you saw.

Rank the systems 1 through 4 on their potential to:	Prod. 1	Prod. 2	Prod. 3	Prod. 4
16. make your daily routine efficient:				
17. manage applicability determinations:				
18. manage key risks:				
19. manage tasks:				
20. manage changes in regulations or other drivers:				
21. provide reporting capability:				
22. manage data and calculations?				
23. meet your compliance management needs, overall:				

For the system you ranked 1 st in question 23:	1 hour or less	1-2 hours	2-3 hours	>3 hours
a. how much time per day would you envision yourself spending in that system on the average in the first 3 months of implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. how much time per day would you envision yourself spending in that system on the average one year after implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. how much time per day would you envision consultants spending in that system on the average in the first 3 months of implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. how much time per day would you envision consultants spending in that system on the average one year after implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prod. 1	Prod. 2	Prod. 3	Prod. 4
24. Rank the companies 1 through 4 on how confident you are in their overall capability. Place a 1 by the company you have the greatest confidence in, 2 by the company you have the next greatest confidence in, and so on.				

Some vendors had staff with real world compliance experience as well as software development experience. Considering this,	Prod. 1	Prod. 2	Prod. 3	Prod. 4	Total
25. Rate the companies on their EH&S compliance capability by distributing 100 points among the vendors you saw. The vendors with the stronger EHS capability should be awarded more points. The total must equal 100.					= 100
26. Rate the companies on their software development capability by distributing 100 points among the vendors you saw. The vendors with the stronger EHS capability should be awarded more points. The total must equal 100.					= 100

Part 3: Tell us about your background.

27. What company or department do you work for?
- | | |
|--|---|
| <input type="checkbox"/> Stakeholder 1 | <input type="checkbox"/> Stakeholder 8 |
| <input type="checkbox"/> Stakeholder 2 | <input type="checkbox"/> Stakeholder 9 |
| <input type="checkbox"/> Stakeholder 3 | <input type="checkbox"/> Stakeholder |
| <input type="checkbox"/> Stakeholder 4 | <input type="checkbox"/> Stakeholder 11 |
| <input type="checkbox"/> Stakeholder 5 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stakeholder 6 | |
| <input type="checkbox"/> Stakeholder 7 | |
28. How long have you worked for the company you checked in #27 above?
- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> >= 21 years |
29. What capability do you work for?
- | | |
|--|---|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Tech. | |
- a. Considering your entire career, how many years have you worked in the capability you checked in #29 above?
- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> >= 21 years |



If you checked **Compliance** in #29 above, please answer b,c & d:

- b. Check all the discipline(s) that you have direct responsibilities in right now:
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Transportation | Other _____ |
- c. What is your primary compliance responsibility? (check one)
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Transportation | Other _____ |
- d. Considering your entire career, about how many years have you worked in a professionally developed compliance software system?
- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 years | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> >= 21 years |
30. Do you work at your company headquarters? Yes No
31. This space is for any general comments you would like to make:

Thank you for taking the time to provide us your opinion. Results will be analyzed on an aggregate basis and will help us make a decision around acquiring a compliance system. Please fax or email this completed form to **Project Manager** as indicated in the instructions section.