



Fisheries and Oceans Canada
Pêches et Océans Canada

Coast Guard

Garde côtière

The Icebreaking Program is committed to providing you with the best service possible. In order to ensure that your needs are being addressed, your comments or suggestions are encouraged. Please take the time to complete the following questionnaire and send it by fax to **1-613-990-5541** or by mail to Manager, Icebreaking Program, 5N150, 200 Kent St., Ottawa, Ontario, Canada K1A 0E6

What is your vessels name? _____ Call sign? _____

When did you request an icebreaker? Date: _____ Time: _____ UTC

Which MCTS station did you use? _____

Which icebreaker was used? _____

When did the icebreaker arrive? Date: _____ Time: _____ UTC

When did the escort begin? Date: _____ Time: _____ UTC

When did the escort end? Date: _____ Time: _____ UTC

Given the actual ice conditions at the time, how satisfied are you with...	Extremely Satisfied	Very Satisfied	Not Very Satisfied	Not At All Satisfied
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the amount of time it took for an icebreaker to arrive.....

the type of icebreaker tasked to provide the service.....

the actual escort.....

the ice routing information provided
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Other comments?
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Please visit our website at www.ccg-gcc.gc.ca/eng/CCG/Icebreaking for information on Icebreaking Operations Service Standards. Thank you for participating in the Icebreaking Client Satisfaction Survey.