



WILDLAND FIREFIGHTING BUCKET SYSTEMS CUSTOMER SURVEY

PURPOSE:

We are evaluating how to better support our customers with service, maintenance and lifecycle programs. Your input will help us design offers that meet your operational needs.

CUSTOMER INFORMATION:

Organization Name: _____

Primary Contact name: _____

Email: _____ Phone: _____

FLEET OVERVIEW

How many firefighting buckets do you currently operate?

- ☐ 1 – 2
☐ 3 – 5
☐ 6 – 10
☐ 10 or more / Total number of buckets: _____

What sizes are included in your fleet (check all that apply)

- ☐ <100 Gallons
☐ 100 – 300 Gallons
☐ 300 – 600 Gallons
☐ 600+ Gallons

Additional Details (optional): _____

AGE OF EQUIPMENT

Approximate age of your bucket system:

- ☐ 0 – 2 years
- ☐ 3 – 5 years
- ☐ 6 – 10 years
- ☐ 10+ years

CURRENT CONDITION

Overall condition of your fleet:

- ☐ Excellent (like new, minimal wear)
- ☐ Good (fully functional, moderate wear)
- ☐ Fair (functional but needs periodic repair)
- ☐ Poor (frequent repairs or limited use)

LOCATIONS & DEPLOYMENT

Where are your buckets primarily located or deployed?

- ☐ Single base location
- ☐ Multiple regional locations
- ☐ National deployment
- ☐ International deployment

Primary locations (please specify): _____

SERVICE & SUPPORT TODAY

Do you currently have service /a support provider or program?

- ☐ Yes, internal (in-house team)
- ☐ Yes, external provider
- ☐ No formal program

If external, please specify provider (optional): _____

How would you rate your current service / support?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very unsatisfied

FUTURE SERVICE & SUPPORT NEEDS

How interested are you in securing a service and support program for your fleet?

- ☐ Very interested
- ☐ Somewhat interested
- ☐ Neutral
- ☐ Not very interested
- ☐ Not interested

What services would be most valuable to you (check all that apply)

- ☐ Routine inspection and maintenance
- ☐ Repair services
- ☐ Parts supply and logistics
- ☐ Refurbishment / life extension
- ☐ Emergency / rapid response support

ADDITIONAL FEEDBACK

What challenges do you currently face with maintaining your bucket systems?

What would an ideal service and support program look like for your organization?

Date: _____

Thank you for your time. Your feedback directly shapes how we support your operations moving forward.

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