

Needs Analysis Form

Government of Canada

Unit/Section/Department Information

Name: _____ Contact: _____

Address: _____

City: _____ Prov: _____ P.C.: _____

Phone: _____ Fax: _____

eMail: _____ Web: _____

Do you currently have a shredder?

No Yes If Yes, please describe manufacturer, model, and size: _____

What types of materials will you be shredding? (Check all that apply)

- Correspondence (8 ½" x 11")
- Wide Computer Paper (11" x 15")
- Other—Please describe: _____

How much will you be shredding each day?

- Between 100 and 400 sheets per day
- Between 400 and 2,000 sheets per day
- Between 2,000 and 12,000 sheets per day

Approximate Number of Persons Using Shredder

- 1-3
- 4-9
- 10-15
- 16-24
- 25+

What Level of Security Do you need? (Check all that apply)

- Confidential
- Protected A
- Protected B
- Protected C
- Secret
- Top Secret
- COMSEC

Does your unit/section/department require multiple shredders?

1-3 4-5 7+ no



CRD Distribution Inc

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How frequently will you be shredding?

- Daily
- Weekly
- Other _____
- Not sure

Comments, notes or questions: _____

Authorized Dealer



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