

Appendix B
Customer-Care Survey

CUSTOMER CARE SURVEY

LABORATORY QUALITY/CUSTOMER SATISFACTION SURVEY								
INFORMATION				PROJECT INFORMATION				
Customer _____ Customer Contact _____				Project No. _____ Project Name _____ _____				
LABORATORY INFORMATION								
Laboratory _____ Date of Report _____ Completion _____				Laboratory Point of Contact _____ _____				
INTRODUCTION								
<p>The Materials Testing Center (MTC) at CEWES, and the Chemistry and Materials Quality Assurance Laboratory (CMQAL) are committed to maintaining and continually improving the quality of our services and products we offer. We define quality as meeting customer objectives. Therefore, the best measure of our performance is our customers' level of satisfaction. We would like to ask you to help us by answering a few short questions that rate our performance on a scale of 1 to 5. A rating of "1" indicates totally unsatisfactory performance, a "3" is satisfactory, a "5" means outstanding, and a N/A indicates this was not applicable for the services provided. Please check appropriate box.</p>								
		RATING						SCORE
1.	QUALITY: What was the technical quality of the data, including clarity, presentation, organization, and completeness?	1	2	3	4	5	N/A	
2.	TIMELINESS: Was the data received by the original or adjusted deadline?							
3.	COST: Was the overall cost reasonable and was it in line with what was agreed upon?							
4.	COMMUNICATIONS: Were you kept adequately informed of job progress and were our contacts courteous and responsive?							
5.	CONSULTING SERVICES: What was the value of technical assistance provided above/beyond laboratory testing services, if required?							
How do you rate your <u>OVERALL SATISFACTION</u> for the services and products provided to you by our laboratory?								
TOTAL SCORE								

Customer Comments:

CLOSING

Thank you very much for your time. We very appreciate your willingness to help us. [When appropriate: The issues raised will be addressed promptly.]

We would like to ask one final question: What changes would you recommend that the laboratory make to improve its service to you?

Again, thank you.

Survey conducted by _____

FOLLOW UP ACTION

What and How:

Distribution:

Who: _____ By When: _____

REVIEWER

Signature _____ Date _____