|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | | | | |
| **CUSTOMER INFORMATION** | | | | |
| Company Name |  | | | |
| Name and Surname |  | | | |
| Mission |  | | | |
| Telephone - Fax |  | |  | |
| Email |  | | | |
| **QUESTIONS** | Very Good Good Bad Very Bad | | | |
| Can you reach the company easily? |  |  |  |  |
| Are you satisfied with your communication with Customer Relations? |  |  |  |  |
| How do you find the speed and knowledge competence of Customer Relations in meeting your needs? |  |  |  |  |
| Do you find the delivery time of our offer sufficient? |  |  |  |  |
| Do you find our laboratory fast and committed to deadlines? |  |  |  |  |
| Does the "Analysis Report" prepared as a result of the analysis contain understandable and sufficient information? |  |  |  |  |
| Can our laboratory meet your needs in terms of analyzes? |  |  |  |  |
| Are you satisfied with the service quality of our company? |  |  |  |  |
| How do you find the attitude of the technical staff working in the Sample Acceptance and Reporting Unit towards you? |  |  |  |  |
| Are the principles of impartiality, confidentiality and honesty applied in the service provided? |  |  |  |  |
| Comments and Suggestions |  | | | |

\*The following section will be filled in by USB Certification.

|  |  |
| --- | --- |
| **Quality Manager Assessment** | **Laboratory Manager Evaluation** |
|  |  |