

## F153-01 (CCF17015) - CUSTOMER SATISFACTION SURVEY

In accordance to **ISO/IEC 17025:2005**, Eurofins | ams laboratories shall seek feedback, both positive and negative, from our customers. The feedback shall be used and analysed to improve the management system, testing and calibration activities and customer services.

**Please only rate the laboratory and not sampling or monitoring reports.**

### Client Information

Name of Organization:

Date:

Contact Person(s):

Email Address:

Telephone:

How would you rate: [0 – poor] [1 – not to expectation] [2 – average] [3 – good] [4 – excellent]

If any of your ratings for questions 1-6 is 0 or 1, please indicate your reasons below

	Ratings				
	0	1	2	3	4
1. Were the personnel able to assist with queries related to understanding the test procedures and sampling requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If rating is 0 or 1, please indicate your reasons here:					
2. Turnaround time for testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If rating is 0 or 1, please indicate your reasons here:					
3. Service that you requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If rating is 0 or 1, please indicate your reasons here:		
4. Appearance and understanding of lab test report	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If rating is 0 or 1, please indicate your reasons here:		
5. Willingness to assist with queries	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If rating is 0 or 1, please indicate your reasons here:		
6. Quality of the analytical results	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If rating is 0 or 1, please indicate your reasons here:		
	Yes	No
7. Have you experienced any service related problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give reasons here:		
8a. Have you reported a problem to management before?	<input type="checkbox"/>	<input type="checkbox"/>
8b. If yes, did corrective action take place?	<input type="checkbox"/>	<input type="checkbox"/>
Please give additional information here:		
9. In which areas did Eurofins   ams Laboratories excel in the last year?		

10. In which areas should Eurofins   ams Laboratories focus in their effort to improve service delivery?
11. Any additional comments or recommendations for improvement??

Customer Initial and Date:

*Thank you for completing this information. Your responses will help us improve to serve you better.*