

Customer Evaluation- Questionnaire

To: Valued Customer of ATL.

In an attempt to improve the quality of our service to you, we ask for your assistance. Please fill out this questionnaire and return it to us. Your feedback may be sent to our company address, mailing address, fax number or e-mail address. These are included in the header of this questionnaire. Our contact numbers are also included in case you have any questions. We welcome your feedback- good or not so good.

If the questions on this questionnaire are applicable to you, tick your response otherwise tick 'not applicable'. Additional remarks may be included at the end. Remember to completely fill out the information below.

Any time you have suggestions, complaints or compliments please let us know.

1. RESPONSE TIME

How would you rate the ability of Analytical Technologies Limited to respond on short notice to provide technical support to your organization?

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

2. TURNAROUND TIME

How would you rate the efficiency of the turnaround time from **delivery of samples to ATL personnel (or sampling) to receipt of results?**

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

3. RELIABILITY/ACCURACY OF RESULTS

How would you rate the correlation of ATL's results with results obtained from samples which were cross-checked?

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

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4. FLEXIBILITY OF SERVICE

How would you rate the proficiency of ATL to adjust to meet the immediate or unexpected requirements of your organization, not previously discussed under contractual arrangements?

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

5. RELATIONS WITH CUSTOMER

How would you rate the ability of ATL to inter-relate / liaise with your personnel?

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

6. REPORTING

How would you evaluate the format of the report generated by ATL?

Not Applicable Poor Fair Good Very good

OVERALL RATING: Satisfied Dissatisfied Undecided

7. ADDITIONAL REMARKS (*attach and identify additional sheets if necessary*)

Company Represented: _____

Your Name & contact #: _____ **Ph#** _____

Position/Designation: _____

Signature: _____

Date Completed: _____