

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

To be filled out by DOST-MIMAROPA staff

 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit/encounter: <u>September 14, 2023</u>	Attending Staff: <u>SILLS ANTON CLARK MANA</u>		
<b>Services inquired on/availed:</b>				
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)				
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify		
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify         </td> </tr> </table>			<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify			
<b>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</b> <hr/>				

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: <u>MARIA NENITA R. MAGUILING</u> School/Company/Organization Name: <u>BRGY. II - ROMBLON, ROMBLON</u> Address (Brgy./Mun./Prov.): <hr/> <hr/>		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above         </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above				
Tel or Cel No./E-mail Add.: <u>09087919203</u>		Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify         </td> </tr> </table>		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify				
<b>Classification:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify         </td> </tr> </table>				<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify				

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify
--	---	--

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify
--	---

## CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY  
MIMAROPA REGION

Date of visit/encounter:

September 14, 2023

Attending Staff:

JULS ANTON CLARK MANA

Services inquired on/availed:

 Technology Needs Assessment (TNA) Techno. Transfer & Commercialization (SETUP/GIA) Food Processing Gifts, Housewares, Decors Agri./Horticulture Aquaculture/Marine Furniture Metals & Engineering Health and Pharma. ICT Others, pls. specify Project Proposal Preparation Packaging and Labeling Technology Training Technology Clinics/Forum Scholarship Laboratory (Metrology/Microbiology) Library/Information Others, pls. specify Techno. Consultancy MPEX CAPE CPT Energy Audit Others, pls. specify

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: CLEMENCE M. GALOSO

School/Company/Organization Name:

D' Achievers SLD ORG. CATERERS

Address (Brgy./Mun./Prov.): AND FOOD SERVICES  
NEW MARKET B-11 ROMBLON, ROMBLON

Tel or Cel No./E-mail Add.:

0961227104 clemenceGaloso28@gmail.com

Classification:

 Student  
 Owner of a business  
 Employee of a business  
 Government employee  
 Professional, pls. specify Overseas Filipino Worker  
 Not employed (retiree/displaced)  
 Others, pls. specifyFirst time to visit DOST?  Yes  NoSex:  Male  Female

Age Group:

 15 & below 16-20 21-30 31-40 41-50 51-59 60 & abovePerson with Disability?  Yes  No

Level of Education:

 Elementary High School Masters/ PhD. Others, pls. specify College

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

 Agri./Horticulture  
 Aquaculture/Marine  
 Furniture Food Processing  
 Gifts, Housewares, Decors  
 Health and Pharma. ICT  
 Metals & Engineering  
 Others, pls. specify

What is your main reason for using the library?

 To support course of study/school requirement  
 Leisure/general enjoyment Independent learning/research  
 Others, pls. specify

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<b>To be filled out by DOST-MIMAROPA staff</b>	
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit/encounter: <i>September 14, 2023</i> Attending Staff: <i>JULS ASTOR CLARIC MANAP</i>
<b>Services inquired on/availed:</b>	
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Techno. Consultancy	
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify
<b>[ ] Project Proposal Preparation</b> <b>[ ] Packaging and Labeling</b> <b>[ ] Technology Training</b> <b>[ ] Technology Clinics/Forum</b> <b>[ ] Scholarship</b> <b>[ ] Laboratory (Metrology/Microbiology)</b> <b>[ ] Library/Information</b> <b>[ ] Others, pls. specify</b>	
<b>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</b> <hr style="border-top: 1px dashed black;"/>	

<b>To be filled out by all customers</b>			
<b>To help us serve you better, please completely fill up this survey.</b>			
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>			
Name: <i>Luluza R. Villanueva</i> School/Company/Organization Name:	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Address (Brgy./Mun./Prov.): <i>II Poblacion Romblon</i>	<b>Age Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above         </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
Tel or Cel No./E-mail Add.:	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Classification:</b>	<b>Level of Education:</b>		
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify

<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>					
<b>Please rate your level of satisfaction with the delivery of service:</b>					
<b>Drivers of Satisfaction</b>	<b>1-Very Satisfied</b>	<b>2-Satisfied</b>	<b>3-Neutral</b>	<b>4-Dissatisfied</b>	<b>5-Very Dissatisfied</b>
Speed and timeliness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How likely is it that you would recommend/endorse DOST's services to others?</b>					
Not at all likely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Extremely likely					
<b>Please help us improve our services with your suggestions and/or comments below. Thank you! ☺</b>					

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>					
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Please specify subject of interest.</b>					
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify			
<b>What is your main reason for using the library?</b>					
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify				

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<u>To be filled out by DOST-MIMAROPA staff</u>	
DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <u>September 14, 2023</u>
Attending Staff: <u>Mrs. ANTON CLARK MANA</u>	
Services inquired on/availed:	
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	
<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify	
How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)	

<u>To be filled out by all customers</u>					
To help us serve you better, please completely fill up this survey.					
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>					
Name: <u>Dolores B. Roldan</u>	First time to visit DOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
School/Company/Organization Name:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				
Address (Brgy./Mun./Prov.): <u>Maynila Tomblon</u> <u>0964875135</u>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 15 &amp; below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40</td> <td style="width: 50%;"><input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 &amp; above</td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above				
Tel or Cel No./E-mail Add.:	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Classification:	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College</td> <td style="width: 50%;"><input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify</td> </tr> </table>	<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify		
<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify				
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>					
Please rate your level of satisfaction with the delivery of service:					
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely is it that you would recommend/endorse DOST's services to others?					
Not at all likely 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely likely					
Please help us improve our services with your suggestions and/or comments below. Thank you! 😊					

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>		
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please specify subject of interest.		
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify
What is your main reason for using the library?		
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify	

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<u>To be filled out by DOST-MIMAROPA staff</u>											
DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <u>September 14, 2023</u>										
Attending Staff: <u>JULS ANTON CRISTIC MONA</u>											
Services inquired on/availed:											
<p><input type="checkbox"/> Technology Needs Assessment (TNA)</p> <p><input checked="" type="checkbox"/> Techno-Transfer &amp; Commercialization (SETUP/GIA)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input checked="" type="checkbox"/> Food Processing</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Metals &amp; Engineering</td> </tr> <tr> <td><input type="checkbox"/> Gifts, Housewares, Decors</td> <td><input type="checkbox"/> Health and Pharma.</td> </tr> <tr> <td><input type="checkbox"/> Agri./Horticulture</td> <td><input type="checkbox"/> ICT</td> </tr> <tr> <td><input type="checkbox"/> Aquaculture/Marine</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input type="checkbox"/> Furniture</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT	<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Furniture	
<input checked="" type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering										
<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.										
<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT										
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify _____										
<input type="checkbox"/> Furniture											
<p><input type="checkbox"/> Techno. Consultancy</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> MPEX</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Energy Audit</td> </tr> <tr> <td><input type="checkbox"/> CAPE</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input type="checkbox"/> CPT</td> <td></td> </tr> </table>		<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit	<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> CPT					
<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit										
<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____										
<input type="checkbox"/> CPT											
<u>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</u>											

<u>To be filled out by all customers</u>																															
To help us serve you better, please completely fill up this survey.																															
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>																															
Name: <u>Daisy Balasa</u> School/Company/Organization Name: Address (Brgy./Mun./Prov.): <u>Brgy II Job.</u> Tel or Cel No./E-mail Add.: <u>09852072614</u>																															
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																															
Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> 15 &amp; below</td> <td style="width: 50%; padding: 5px;"><input checked="" type="checkbox"/> 41-50</td> </tr> <tr> <td><input type="checkbox"/> 16-20</td> <td><input type="checkbox"/> 51-59</td> </tr> <tr> <td><input type="checkbox"/> 21-30</td> <td><input type="checkbox"/> 60 &amp; above</td> </tr> <tr> <td><input type="checkbox"/> 31-40</td> <td></td> </tr> </table>		<input type="checkbox"/> 15 & below	<input checked="" type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40																							
<input type="checkbox"/> 15 & below	<input checked="" type="checkbox"/> 41-50																														
<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59																														
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above																														
<input type="checkbox"/> 31-40																															
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																															
Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Elementary</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Masters/ PhD.</td> </tr> <tr> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> College</td> <td></td> </tr> </table>		<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input checked="" type="checkbox"/> College																									
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.																														
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____																														
<input checked="" type="checkbox"/> College																															
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>																															
Please rate your level of satisfaction with the delivery of service:																															
Drivers of Satisfaction	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">1-Very Satisfied</th> <th style="width: 15%;">2-Satisfied</th> <th style="width: 15%;">3-Neutral</th> <th style="width: 15%;">4-Dissatisfied</th> <th style="width: 15%;">5-Very Dissatisfied</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Speed and timeliness.....																															
Quality of service rendered.....																															
Relevance of service rendered.....																															
Staff competence.....																															
Staff attitude.....																															
Overall perception of service rendered .....																															
How likely is it that you would recommend/endorse DOST's services to others?																															
Not at all likely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely likely																															
Please help us improve our services with your suggestions and/or comments below. Thank you! ☺																															

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>					
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please specify subject of interest.					
<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT			
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering			
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____			
What is your main reason for using the library?					
<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research				
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____				

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<b>To be filled out by DOST-MIMAROPA staff</b>							
DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <u>September 19, 2023</u> Attending Staff: <u>JULS ANTON CLARKE MANG</u>						
Services inquired on/availed:							
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)							
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify						
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> MPEX</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Energy Audit</td> </tr> <tr> <td><input type="checkbox"/> CAPE</td> <td><input type="checkbox"/> Others, pls. specify</td> </tr> <tr> <td><input type="checkbox"/> CPT</td> <td></td> </tr> </table>		<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit	<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> CPT	
<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit						
<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify						
<input type="checkbox"/> CPT							
How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr style="border-top: 1px dashed black;"/>							

<b>To be filled out by all customers</b>									
To help us serve you better, please completely fill up this survey.									
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>									
Name: <u>Luisa F. Moto</u>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
School/Company/Organization Name:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female								
Address (Brgy./Mun./Prov.): <u>Brgy. Capacan Romblon Romblon</u>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 15 &amp; below</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 41-50</td> </tr> <tr> <td><input type="checkbox"/> 16-20</td> <td><input checked="" type="checkbox"/> 51-59</td> </tr> <tr> <td><input type="checkbox"/> 21-30</td> <td><input type="checkbox"/> 60 &amp; above</td> </tr> <tr> <td><input type="checkbox"/> 31-40</td> <td></td> </tr> </table>	<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40	
<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50								
<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59								
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above								
<input type="checkbox"/> 31-40									
Tel or Cel No./E-mail Add.: <u>09210964999</u>	Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Classification:	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Elementary</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Masters/ PhD.</td> </tr> <tr> <td><input checked="" type="checkbox"/> High School</td> <td><input type="checkbox"/> Others, pls. specify</td> </tr> <tr> <td><input type="checkbox"/> College</td> <td></td> </tr> </table>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> College			
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.								
<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify								
<input type="checkbox"/> College									
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>									
Please rate your level of satisfaction with the delivery of service:									
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied				
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
How likely is it that you would recommend/endorse DOST's services to others?									
Not at all likely 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely likely									
Please help us improve our services with your suggestions and/or comments below. Thank you! ☺									

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>		
Were your queries answered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Please specify subject of interest.		
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify
What is your main reason for using the library?		
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify	

## CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY  
MIMAROPA REGION

Date of visit/encounter:

September 14, 2023

Attending Staff:

Julia Anton Clark MAMA

Services inquired on/availed:

<input type="checkbox"/> Technology Needs Assessment (TNA)	<input type="checkbox"/> Project Proposal Preparation
<input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Packaging and Labeling
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Techno. Consultancy	
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)	

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Gina F. Mangao

School/Company/Organization Name:

Address (Brgy./Mun./Prov.):

Brg. 2 Tambalan, Tambalan

Tel or Cel No./E-mail Add.:

First time to visit DOST?  Yes  NoSex:  Male  Female

Age Group:

<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50
<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above
<input type="checkbox"/> 31-40	

Person with Disability?  Yes  No

Level of Education:

<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____
<input checked="" type="checkbox"/> College	

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ... .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____

## CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

 DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <u>September 14, 2023</u>	Attending Staff: <u>JULS ANTON CLARIC UANA</u>																		
Services inquired on/availed:																				
<p><input type="checkbox"/> Technology Needs Assessment (TNA)</p> <p><input checked="" type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)</p> <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> Food Processing</td><td><input type="checkbox"/> Metals &amp; Engineering</td></tr> <tr><td><input type="checkbox"/> Gifts, Housewares, Decors</td><td><input type="checkbox"/> Health and Pharma.</td></tr> <tr><td><input type="checkbox"/> Agri./Horticulture</td><td><input type="checkbox"/> ICT</td></tr> <tr><td><input type="checkbox"/> Aquaculture/Marine</td><td><input type="checkbox"/> Others, pls. specify</td></tr> <tr><td><input type="checkbox"/> Furniture</td><td></td></tr> </table> <table border="1" style="float: right; margin-left: 10px;"> <tr><td><input type="checkbox"/> Project Proposal Preparation</td></tr> <tr><td><input type="checkbox"/> Packaging and Labeling</td></tr> <tr><td><input type="checkbox"/> Technology Training</td></tr> <tr><td><input type="checkbox"/> Technology Clinics/Forum</td></tr> <tr><td><input type="checkbox"/> Scholarship</td></tr> <tr><td><input type="checkbox"/> Laboratory (Metrology/Microbiology)</td></tr> <tr><td><input type="checkbox"/> Library/Information</td></tr> <tr><td><input type="checkbox"/> Others, pls. specify</td></tr> </table>			<input type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT	<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Furniture		<input type="checkbox"/> Project Proposal Preparation	<input type="checkbox"/> Packaging and Labeling	<input type="checkbox"/> Technology Training	<input type="checkbox"/> Technology Clinics/Forum	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Laboratory (Metrology/Microbiology)	<input type="checkbox"/> Library/Information	<input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering																			
<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.																			
<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT																			
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify																			
<input type="checkbox"/> Furniture																				
<input type="checkbox"/> Project Proposal Preparation																				
<input type="checkbox"/> Packaging and Labeling																				
<input type="checkbox"/> Technology Training																				
<input type="checkbox"/> Technology Clinics/Forum																				
<input type="checkbox"/> Scholarship																				
<input type="checkbox"/> Laboratory (Metrology/Microbiology)																				
<input type="checkbox"/> Library/Information																				
<input type="checkbox"/> Others, pls. specify																				
<p><input type="checkbox"/> Techno. Consultancy</p> <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> MPEX</td><td><input type="checkbox"/> Energy Audit</td></tr> <tr><td><input type="checkbox"/> CAPE</td><td><input type="checkbox"/> Others, pls. specify</td></tr> <tr><td><input type="checkbox"/> CPT</td><td></td></tr> </table> <p>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</p>			<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit	<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> CPT													
<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit																			
<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify																			
<input type="checkbox"/> CPT																				

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: <u>Leomara M. Rovero</u>	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
School/Company/Organization Name:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female																
Address (Brgy./Mun./Prov.): <u>Brgy II - Termopilaz</u>	Age Group: <table border="1" style="float: right; margin-top: -20px;"> <tr><td><input type="checkbox"/> 15 &amp; below</td><td><input type="checkbox"/> 41-50</td></tr> <tr><td><input type="checkbox"/> 16-20</td><td><input type="checkbox"/> 51-59</td></tr> <tr><td><input type="checkbox"/> 21-30</td><td><input checked="" type="checkbox"/> 60 &amp; above</td></tr> <tr><td><input type="checkbox"/> 31-40</td><td></td></tr> </table>	<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input checked="" type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40									
<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50																
<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59																
<input type="checkbox"/> 21-30	<input checked="" type="checkbox"/> 60 & above																
<input type="checkbox"/> 31-40																	
Tel or Cel No./E-mail Add.:	Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Classification: <table border="1" style="float: left; margin-right: 10px;"> <tr><td><input type="checkbox"/> Student</td><td><input type="checkbox"/> Overseas Filipino Worker</td></tr> <tr><td><input type="checkbox"/> Owner of a business</td><td><input checked="" type="checkbox"/> Not employed (retiree/displaced)</td></tr> <tr><td><input type="checkbox"/> Employee of a business</td><td><input type="checkbox"/> Others, pls. specify</td></tr> <tr><td><input type="checkbox"/> Government employee</td><td></td></tr> <tr><td><input type="checkbox"/> Professional, pls. specify</td><td></td></tr> </table> <table border="1" style="float: right; margin-top: -20px;"> <tr><td><input type="checkbox"/> Elementary</td><td><input type="checkbox"/> Masters/ PhD.</td></tr> <tr><td><input checked="" type="checkbox"/> High School</td><td><input type="checkbox"/> Others, pls. specify</td></tr> <tr><td><input type="checkbox"/> College</td><td></td></tr> </table>	<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker	<input type="checkbox"/> Owner of a business	<input checked="" type="checkbox"/> Not employed (retiree/displaced)	<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Government employee		<input type="checkbox"/> Professional, pls. specify		<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> College		Level of Education:
<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker																
<input type="checkbox"/> Owner of a business	<input checked="" type="checkbox"/> Not employed (retiree/displaced)																
<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify																
<input type="checkbox"/> Government employee																	
<input type="checkbox"/> Professional, pls. specify																	
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.																
<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify																
<input type="checkbox"/> College																	

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify

# CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff



DEPARTMENT OF SCIENCE AND TECHNOLOGY  
MIMAROPA REGION

Date of visit/encounter:

September 14, 2023

Attending Staff:

JWS AUTO CLARK MANA

Services inquired on/availed:

Technology Needs Assessment (TNA)

Techno. Transfer & Commercialization (SETUP/GIA)

Food Processing

Gifts, Housewares, Decors

Agri./Horticulture

Aquaculture/Marine

Furniture

Metals & Engineering

Health and Pharma.

ICT

Others, pls. specify \_\_\_\_\_

Project Proposal Preparation

Packaging and Labeling

Technology Training

Technology Clinics/Forum

Scholarship

Laboratory (Metrology/Microbiology)

Library/Information

Others, pls. specify \_\_\_\_\_

Techno. Consultancy

MPEX

CAPE

CPT

Energy Audit

Others, pls. specify \_\_\_\_\_

How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: Shirley L. Mangat

School/Company/Organization Name:

Address (Brgy./Mun./Prov.):

Brgy. Bagacay

Tel or Cel No./E-mail Add.:

09065838239

Classification:

Student

Owner of a business

Employee of a business

Government employee

Professional, pls. specify

Overseas Filipino Worker

Not employed (retiree/displaced)

Others, pls. specify

First time to visit DOST?  Yes  No

Sex:  Male  Female

Age Group:

15 & below

41-50

16-20

51-59

21-30

60 & above

31-40

Person with Disability?  Yes  No

Level of Education:

Elementary

Masters/ PhD.

High School

Others, pls. specify

College

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

Agri./Horticulture

Food Processing

ICT

Aquaculture/Marine

Gifts, Housewares, Decors

Metals & Engineering

Furniture

Health and Pharma.

Others, pls. specify \_\_\_\_\_

What is your main reason for using the library?

To support course of study/school requirement

Independent learning/research

Leisure/general enjoyment

Others, pls. specify \_\_\_\_\_

## CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit/encounter:	Attending Staff:
Services inquired on/availed:			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	
How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr/>			

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: JOEL T. DIOLLA	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
School/Company/Organization Name:	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																
Address (Brgy./Mun./Prov.): Bgy. III, COMBLDN	Age Group: <table border="1"> <tr> <td><input type="checkbox"/> 15 &amp; below</td> <td><input type="checkbox"/> 41-50</td> </tr> <tr> <td><input type="checkbox"/> 16-20</td> <td><input type="checkbox"/> 51-59</td> </tr> <tr> <td><input type="checkbox"/> 21-30</td> <td><input checked="" type="checkbox"/> 60 &amp; above</td> </tr> <tr> <td><input type="checkbox"/> 31-40</td> <td></td> </tr> </table>	<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input checked="" type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40									
<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50																
<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59																
<input type="checkbox"/> 21-30	<input checked="" type="checkbox"/> 60 & above																
<input type="checkbox"/> 31-40																	
Tel or Cel No./E-mail Add.: 09635671696	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Classification: <table border="1"> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Overseas Filipino Worker</td> </tr> <tr> <td><input checked="" type="checkbox"/> Owner of a business</td> <td><input type="checkbox"/> Not employed (retiree/displaced)</td> </tr> <tr> <td><input type="checkbox"/> Employee of a business</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input type="checkbox"/> Government employee</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Professional, pls. specify</td> <td></td> </tr> </table>	<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker	<input checked="" type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)	<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Government employee		<input type="checkbox"/> Professional, pls. specify		Level of Education: <table border="1"> <tr> <td><input type="checkbox"/> Elementary</td> <td><input type="checkbox"/> Masters/ PhD.</td> </tr> <tr> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> College</td> <td>72 UNIT</td> </tr> </table>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input checked="" type="checkbox"/> College	72 UNIT
<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker																
<input checked="" type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)																
<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____																
<input type="checkbox"/> Government employee																	
<input type="checkbox"/> Professional, pls. specify																	
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.																
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____																
<input checked="" type="checkbox"/> College	72 UNIT																

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! 😊

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____

## CUSTOMER SATISFACTION FEEDBACK FORM

To be filled out by DOST-MIMAROPA staff

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit/encounter: <i>September 14, 2023</i>	Attending Staff: <i>JULS ANTON CLARIC MUNA</i>
Services inquired on/availed:			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	
How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)			

To be filled out by all customers

To help us serve you better, please completely fill up this survey.

## SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)

Name: *PORFERIO ADENIG JR.*School/Company/Organization Name: *ADENIG TATERY*Address (Brgy./Mun./Prov.): *BRGY. I Romblon, ROMBLON*

Tel or Cel No./E-mail Add.:

*0966676017*

Classification:

- |   |   |
|---|---|
| <input type="checkbox"/> Student                        | <input type="checkbox"/> Overseas Filipino Worker         |
| <input checked="" type="checkbox"/> Owner of a business | <input type="checkbox"/> Not employed (retiree/displaced) |
| <input type="checkbox"/> Employee of a business         | <input type="checkbox"/> Others, pls. specify _____       |
| <input type="checkbox"/> Government employee            |   |
| <input type="checkbox"/> Professional, pls. specify     |   |

First time to visit DOST?  Yes  NoSex:  Male  Female

Age Group:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 15 & below | <input checked="" type="checkbox"/> 41-50 |
| <input type="checkbox"/> 16-20      | <input type="checkbox"/> 51-59            |
| <input type="checkbox"/> 21-30      | <input type="checkbox"/> 60 & above       |
| <input type="checkbox"/> 31-40      |   |

Person with Disability?  Yes  No

Level of Education:

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary         | <input type="checkbox"/> Masters/ PhD.              |
| <input type="checkbox"/> High School        | <input type="checkbox"/> Others, pls. specify _____ |
| <input checked="" type="checkbox"/> College |   |

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend/endorse DOST's services to others?

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

## SECTION 3: FOR LIBRARY USERS ONLY

Were your queries answered?  Yes  No

Please specify subject of interest.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agri./Horticulture | <input type="checkbox"/> Food Processing            | <input type="checkbox"/> ICT                        |
| <input type="checkbox"/> Aquaculture/Marine | <input type="checkbox"/> Gifts, Housewares, Decors. | <input type="checkbox"/> Metals & Engineering       |
| <input type="checkbox"/> Furniture          | <input type="checkbox"/> Health and Pharma.         | <input type="checkbox"/> Others, pls. specify _____ |

What is your main reason for using the library?

- |  |  |
|--|--|
| <input type="checkbox"/> To support course of study/school requirement | <input type="checkbox"/> Independent learning/research |
| <input type="checkbox"/> Leisure/general enjoyment                     | <input type="checkbox"/> Others, pls. specify _____    |

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<b>To be filled out by DOST-MIMAROPA staff</b>						
DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION	Date of visit/encounter: <i>September 14, 2023</i>	Attending Staff: <i>JWS ANTON CLARK MANG</i>				
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input checked="" type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____					
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____					
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>	<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.) <hr style="border-top: 1px dashed black;"/>			
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____					

<b>To be filled out by all customers</b>						
<b>To help us serve you better, please completely fill up this survey.</b>						
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>						
Name: <i>Felicia Maria Villanueva</i> School/Company/Organization Name: _____	First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
Address (Brgy./Mun./Prov.): <i>Brgy 2 Ramblon 2</i>	Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above           </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above		
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above					
Tel or Cel No./E-mail Add.: _____	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input checked="" type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify           </td> </tr> </table>	<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify           </td> </tr> </table>		<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify					
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify					
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>						
<b>Please rate your level of satisfaction with the delivery of service:</b>						
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied	
Speed and timeliness..... <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of service rendered..... <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relevance of service rendered..... <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff competence..... <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff attitude..... <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall perception of service rendered .. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>How likely is it that you would recommend/endorse DOST's services to others?</b> Not at all likely <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely likely						
<b>Please help us improve our services with your suggestions and/or comments below. Thank you! ☺</b> <hr style="border-top: 1px solid black;"/>						

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>		
Were your queries answered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Please specify subject of interest.		
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
What is your main reason for using the library?		
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<u>To be filled out by DOST-MIMAROPA staff</u>				
DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit/encounter: <u>September 14, 2023</u>		
Attending Staff: <u>JULS ANTON CLARKE MANO</u>				
Services inquired on/availed:				
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)				
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify		
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT         </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify         </td> </tr> </table>			<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify			
<p>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</p> <hr style="border-top: 1px dashed black;"/>				

<u>To be filled out by all customers</u>						
To help us serve you better, please completely fill up this survey.						
SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)						
Name: <u>Rosalina M. Tambaoan</u>		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
School/Company/Organization Name:		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				
Address (Brgy./Mun./Prov.): <u>Brgy 3 Romblon</u> <u>Romblon</u>		Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above         </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above		
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above					
Tel or Cel No./E-mail Add.:		Person with Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Classification:		Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify         </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify         </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College         </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify         </td> </tr> </table>	<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify			

SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)					
Please rate your level of satisfaction with the delivery of service:					
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How likely is it that you would recommend/endorse DOST's services to others?					
Not at all likely 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely likely					
Please help us improve our services with your suggestions and/or comments below. Thank you! ☺					
SECTION 3: FOR LIBRARY USERS ONLY					
Were your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please specify subject of interest.					
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify			
What is your main reason for using the library?					
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify				

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 1/04-25-16

<b>To be filled out by DOST-MIMAROPA staff</b>		Date of visit/encounter:	Attending Staff:
<b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>		<i>September 14, 2023</i> <i>SURE ASTOR CLARK MANGA</i>	
<b>Services inquired on/availed:</b>			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	
<b>How did you know of our services? (i.e. friend referral, TV, radio, newspaper, internet, fairs/forums, etc.)</b> <hr style="border-top: 1px dashed black;"/>			

<b>To be filled out by all customers</b>			
<b>To help us serve you better, please completely fill up this survey.</b>			
<b>SECTION 1: CUSTOMER'S PROFILE (FOR ALL CUSTOMERS)</b>			
Name: <u>DANA M. MORTERA</u> School/Organization Name:			
Address (Brgy./Mun./Prov.): <u>BARANGAY 3 - POB. ROMBLON</u> <u>ROMBLON</u>			
Tel or Cel No./E-mail Add.: <u>09216169320</u>			
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="width: 50%;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____		
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College           </td> <td style="width: 50%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____		

<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK (FOR ALL CUSTOMERS)</b>						
<b>Please rate your level of satisfaction with the delivery of service:</b>						
<b>Drivers of Satisfaction</b>		<b>1-Very Satisfied</b>	<b>2-Satisfied</b>	<b>3-Neutral</b>	<b>4-Dissatisfied</b>	<b>5-Very Dissatisfied</b>
Speed and timeliness..... Quality of service rendered..... Relevance of service rendered..... Staff competence..... Staff attitude..... Overall perception of service rendered ....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How likely is it that you would recommend/endorse DOST's services to others?**

Not at all likely 0  1  2  3  4  5  6  7  8  9  10  Extremely likely

**Please help us improve our services with your suggestions and/or comments below. Thank you! 😊**

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>									
Were your queries answered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Please specify subject of interest. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="width: 33%;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Health and Pharma.           </td> <td style="width: 33%;"> <input type="checkbox"/> ICT  <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>							<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____							
What is your main reason for using the library? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment           </td> <td style="width: 50%;"> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>							<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____								

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/ 01-02-14

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		To be filled out by DOST-MIMAROPA staff	Attending Staff: <i>(MS. ANTON CLAUDIO MANA)</i>												
		Date of visit: <i>5/16/2023</i>													
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Techno. Consultancy  <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </td> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>				<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____													
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____													
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____													

SECTION 1: CUSTOMER'S PROFILE		To be filled out by customers				
Name: <i>JOEL T. DIOLA</i> School/Company/Organization Name:		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				
Address (Brgy./Mun./Prov.): <i>Brg. III, ROMBLOW</i>		Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above	
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above					
Tel or Cel No./E-mail Add.: <i>09637671696</i>		Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify  <i>72 UNIVS</i> </td> </tr> </table>		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify <i>72 UNIVS</i>	
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify <i>72 UNIVS</i>					
SECTION 2: CUSTOMER EVALUATION/FEEDBACK						
Please rate your level of satisfaction with the delivery of service:						
Drivers of Satisfaction		1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness..... Quality of service rendered..... Relevance of service rendered..... Staff competence ..... Staff attitude ..... Overall perception of service rendered ...		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please help us improve our services with your suggestions and/or comments below. Thank you! ☺						

SECTION 3: FOR LIBRARY USERS ONLY					
Where your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please specify subject of interest.					
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.		<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____	
What is your main reason for using the library?					
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment			<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____		

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

<u>To be filled out by DOST-MIMAROPA staff</u>																
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit: <u>5/16/2023</u>	Attending Staff: <u>JULS ANTON CLARK MANGA</u>														
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)         </td> <td colspan="2"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> <tr> <td style="width: 50%;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri/Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture         </td> <td style="width: 50%;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Techno. Consultancy         </td> <td colspan="2"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> <tr> <td style="width: 50%;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT         </td> <td style="width: 50%;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____         </td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri/Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____														
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri/Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____															
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____														
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____															

<u>To be filled out by customers</u>				
<b>To help us serve you better, please completely fill up this survey.</b>				
<b>SECTION 1: CUSTOMER'S PROFILE</b>				
Name: <u>Shirley G. Mangas</u>				
School/Company/Organization Name:				
Address (Brgy./Mun./Prov.): <u>Brgy. Bagacoy</u>				
Tel or Cel No./E-mail Add.: <u>09065838239</u>				
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input checked="" type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify         </td> <td style="width: 50%;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>			<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input checked="" type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input checked="" type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____			
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				
Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above         </td> </tr> </table>			<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above			
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College         </td> <td style="width: 50%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>			<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____			

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---



---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
--	---	--

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____
--	---

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		To be filled out by DOST-MIMAROPA staff	Date of visit:	Attending Staff:
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </div> <div style="width: 45%;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </div> </div>		
<input type="checkbox"/> Techno. Consultancy		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </div> <div style="width: 45%;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </div> </div>		
<b>To be filled out by customers</b> <b>To help us serve you better, please completely fill up this survey.</b>				

## SECTION 1: CUSTOMER'S PROFILE

Name: Leonisa M. Roero

School/Company/Organization Name:

Address (Brgy./Mun./Prov.):

Brgy II-Tamapilao

Tel or Cel No./E-mail Add.:

Classification:

- |  |  |
|--|--|
| <input type="checkbox"/> Student<br><input type="checkbox"/> Owner of a business<br><input type="checkbox"/> Employee of a business<br><input type="checkbox"/> Government employee<br><input type="checkbox"/> Professional, pls. specify | <input type="checkbox"/> Overseas Filipino Worker<br><input checked="" type="checkbox"/> Not employed (retiree/displaced)<br><input type="checkbox"/> Others, pls. specify _____ |
|--|--|

First time to visit DOST?  Yes  No

Sex:  Male  Female

Age Group:

- |   |  |
|---|--|
| <input type="checkbox"/> 15 & below<br><input type="checkbox"/> 16-20<br><input type="checkbox"/> 21-30<br><input type="checkbox"/> 31-40 | <input type="checkbox"/> 41-50<br><input type="checkbox"/> 51-59<br><input checked="" type="checkbox"/> 60 & above |
|---|--|

Person with Disability?  Yes  No

Level of Education:

- |  |   |
|--|---|
| <input type="checkbox"/> Elementary<br><input checked="" type="checkbox"/> High School<br><input type="checkbox"/> College | <input type="checkbox"/> Masters/ PhD.<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agri./Horticulture<br><input type="checkbox"/> Aquaculture/Marine<br><input type="checkbox"/> Furniture | <input type="checkbox"/> Food Processing<br><input type="checkbox"/> Gifts, Housewares, Decors<br><input type="checkbox"/> Health and Pharma. | <input type="checkbox"/> ICT<br><input type="checkbox"/> Metals & Engineering<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|--|

What is your main reason for using the library?

- |  |   |
|--|---|
| <input type="checkbox"/> To support course of study/school requirement<br><input type="checkbox"/> Leisure/general enjoyment | <input type="checkbox"/> Independent learning/research<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

<b>To be filled out by DOST-MIMAROPA staff</b>														
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit: <span style="font-size: 1.5em; color: blue;">15/10/2023</span>	Attending Staff: <span style="color: blue;">UHER TINTON CLARK NANA</span>												
<b>Services inquired on/availed:</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td colspan="2" style="width: 50%;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td colspan="2"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Techno. Consultancy  <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </td> <td colspan="2"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____												

<b>To be filled out by customers</b>				
<b>To help us serve you better, please completely fill up this survey.</b>				
<b>SECTION 1: CUSTOMER'S PROFILE</b>				
Name: <u>Bernadette L. Munoz</u> School/Company/Organization Name: Address (Brgy./Mun./Prov.): <u>Barangay IV</u>		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above			
Classification: <input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input checked="" type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify		Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College           </td> <td style="width: 50%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>	<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____			

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

To be filled out by DOST-MIMAROPA staff		Date of visit:	Attending Staff:				
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>		<u>5/16/2023</u>	<u>DR. ANTON CLERIC MANA</u>				
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>				<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____						
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____						
<b>[ ] Techno. Consultancy</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>				<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____						

To be filled out by customers			
<b>To help us serve you better, please completely fill up this survey.</b>			
<b>SECTION 1: CUSTOMER'S PROFILE</b>			
Name: <u>Loita re' Velasco</u> School/Company/Organization Name: Address (Brgy./Mun./Prov.): <u>F. Romblon Romblon</u> Tel or Cel No./E-mail Add.:			
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Student  <input type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input checked="" type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____		
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input type="checkbox"/> College           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____		

SECTION 2: CUSTOMER EVALUATION/FEEDBACK						
Please rate your level of satisfaction with the delivery of service:						
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied	
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---

SECTION 3: FOR LIBRARY USERS ONLY									
Where your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify subject of interest. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Health and Pharma.           </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> ICT  <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>							<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____							
What is your main reason for using the library? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>							<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____								

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>		<b>Date of visit:</b> <i>5/10/2023</i>	<b>Attending Staff:</b> <i>MR. ANTONIO CLARK MANGA</i>
<b>Services inquired on/availed:</b>			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)			
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Techno. Consultancy			
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		

## To be filled out by customers

To help us serve you better, please completely fill up this survey.

### SECTION 1: CUSTOMER'S PROFILE

Name: Gina E. Mangas

School/Company/Organization Name:

Address (Brgy./Mun./Prov.):

Brg. 2 Romblon, Romblon

Tel or Cel No./E-mail Add.:

Classification:

- |  |  |
|--|--|
| <input type="checkbox"/> Student<br><input type="checkbox"/> Owner of a business<br><input type="checkbox"/> Employee of a business<br><input type="checkbox"/> Government employee<br><input type="checkbox"/> Professional, pls. specify | <input type="checkbox"/> Overseas Filipino Worker<br><input checked="" type="checkbox"/> Not employed (retiree/displaced)<br><input type="checkbox"/> Others, pls. specify _____ |
|--|--|

First time to visit DOST?  Yes  No

Sex:  Male  Female

Age Group:

- |   |  |
|---|--|
| <input type="checkbox"/> 15 & below<br><input type="checkbox"/> 16-20<br><input type="checkbox"/> 21-30<br><input type="checkbox"/> 31-40 | <input type="checkbox"/> 41-50<br><input checked="" type="checkbox"/> 51-59<br><input type="checkbox"/> 60 & above |
|---|--|

Person with Disability?  Yes  No

Level of Education:

- |  |   |
|--|---|
| <input type="checkbox"/> Elementary<br><input type="checkbox"/> High School<br><input checked="" type="checkbox"/> College | <input type="checkbox"/> Masters/ PhD.<br><input type="checkbox"/> Others, pls. specify |
|--|---|

### SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

### SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agri./Horticulture<br><input type="checkbox"/> Aquaculture/Marine<br><input type="checkbox"/> Furniture | <input type="checkbox"/> Food Processing<br><input type="checkbox"/> Gifts, Housewares, Decors<br><input type="checkbox"/> Health and Pharma. | <input type="checkbox"/> ICT<br><input type="checkbox"/> Metals & Engineering<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|--|

What is your main reason for using the library?

- |  |   |
|--|---|
| <input type="checkbox"/> To support course of study/school requirement<br><input type="checkbox"/> Leisure/general enjoyment | <input type="checkbox"/> Independent learning/research<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/ 01-02-14

<u>To be filled out by DOST-MIMAROPA staff</u>		
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit: <u>5/18/2023</u>	Attending Staff: <u>VILLASANTON CAYRIC MUNTA</u>
<b>Services inquired on/availed:</b>		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____
<b>[ ] Techno. Consultancy</b>		
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	

<u>To be filled out by customers</u>				
<b>To help us serve you better, please completely fill up this survey.</b>				
<b>SECTION 1: CUSTOMER'S PROFILE</b>				
Name: <u>Luisa f. mdo</u>				
School/Company/Organization Name: _____				
Address (Brgy./Mun./Prov.): <u>Brgy. Capaclar Romblon Romblon</u>				
Tel or Cel No./E-mail Add.: <u>09210964993</u>				
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify _____         </td> <td style="width: 50%;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>			<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify _____	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify _____	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____			
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				
Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50  <input checked="" type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above         </td> </tr> </table>			<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input checked="" type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input checked="" type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above			
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College         </td> <td style="width: 50%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>			<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____			

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---



---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
--	---	--

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____
--	---

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

To be filled out by DOST-MIMAROPA staff										
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>	Date of visit: <u>5/16 /2023</u>	Attending Staff: <u>JULIA ANTON CLARKE MONA</u>								
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td style="padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Techno. Consultancy           </td> <td style="padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT  <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____								
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____									
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____								

To be filled out by customers				
<b>To help us serve you better, please completely fill up this survey.</b>				
<b>SECTION 1: CUSTOMER'S PROFILE</b>				
Name: <u>Daisy Dalasa</u> School/Company/Organization Name:		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Address (Brgy./Mun./Prov.): <u>Brgy II Pob.</u>		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Tel or Cel No./E-mail Add.: <u>09853072614</u>		Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above           </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above			
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input checked="" type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify           </td> </tr> </table>		<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify	Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input checked="" type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify			
Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College           </td> <td style="padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify           </td> </tr> </table>		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify	
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify			

SECTION 2: CUSTOMER EVALUATION/FEEDBACK						
<b>Please rate your level of satisfaction with the delivery of service:</b>						
<b>Drivers of Satisfaction</b>		<b>1-Very Satisfied</b>	<b>2-Satisfied</b>	<b>3-Neutral</b>	<b>4-Dissatisfied</b>	<b>5-Very Dissatisfied</b>
Speed and timeliness. .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered. .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered. .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence. .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude. .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please help us improve our services with your suggestions and/or comments below. Thank you! ☺</b> <hr/>						
---	--	--	--	--	--	--

SECTION 3: FOR LIBRARY USERS ONLY						
Where your queries answered? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please specify subject of interest.						
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____				
What is your main reason for using the library?						
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment		<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____				

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/ 01-02-14

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit: <u>5/16/2023</u>	Attending Staff: <u>JMR ANTON CLARK MANUA</u>										
<b>Services inquired on/availed:</b>													
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Food Processing</td><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Metals &amp; Engineering</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Gifts, Housewares, Decors</td><td style="padding: 2px;"><input type="checkbox"/> Health and Pharma.</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Agri./Horticulture</td><td style="padding: 2px;"><input type="checkbox"/> ICT</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Aquaculture/Marine</td><td style="padding: 2px;"><input type="checkbox"/> Others, pls. specify _____</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Furniture</td><td></td></tr> </table>		<input type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT	<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Furniture		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Metals & Engineering												
<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Health and Pharma.												
<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> ICT												
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Furniture													
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;"><input type="checkbox"/> MPEX</td><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Energy Audit</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> CAPE</td><td style="padding: 2px;"><input type="checkbox"/> Others, pls. specify _____</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> CPT</td><td></td></tr> </table>		<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit	<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> CPT							
<input type="checkbox"/> MPEX	<input type="checkbox"/> Energy Audit												
<input type="checkbox"/> CAPE	<input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> CPT													

To be filled out by customers											
<b>To help us serve you better, please completely fill up this survey.</b>											
<b>SECTION 1: CUSTOMER'S PROFILE</b>											
Name: <u>Munchie Marcia Villa amur</u> School/Company/Organization Name: Address (Brgy./Mun./Prov.): <u>Brgy 2 Ramboan 2</u> Tel or Cel No./E-mail Add.:											
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Student</td><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Overseas Filipino Worker</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Owner of a business</td><td style="padding: 2px;"><input type="checkbox"/> Not employed (retiree/displaced)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Employee of a business</td><td style="padding: 2px;"><input type="checkbox"/> Others, pls. specify _____</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Government employee</td><td></td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Professional, pls. specify</td><td></td></tr> </table>		<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker	<input type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)	<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Government employee		<input type="checkbox"/> Professional, pls. specify	
<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker										
<input type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)										
<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____										
<input type="checkbox"/> Government employee											
<input type="checkbox"/> Professional, pls. specify											
First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;"><input type="checkbox"/> 15 &amp; below</td><td style="width: 50%; padding: 2px;"><input type="checkbox"/> 41-50</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> 16-20</td><td style="padding: 2px;"><input checked="" type="checkbox"/> 51-59</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> 21-30</td><td style="padding: 2px;"><input type="checkbox"/> 60 &amp; above</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> 31-40</td><td></td></tr> </table>		<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40			
<input type="checkbox"/> 15 & below	<input type="checkbox"/> 41-50										
<input type="checkbox"/> 16-20	<input checked="" type="checkbox"/> 51-59										
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above										
<input type="checkbox"/> 31-40											
Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Elementary</td><td style="width: 50%; padding: 2px;"><input type="checkbox"/> Masters/ PhD.</td></tr> <tr><td style="padding: 2px;"><input checked="" type="checkbox"/> High School</td><td style="padding: 2px;"><input type="checkbox"/> Others, pls. specify _____</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> College</td><td></td></tr> </table>		<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> College					
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.										
<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____										
<input type="checkbox"/> College											

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---



---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

<b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>		Date of visit: <u>5/18/2023</u>	Attending Staff: <u>Mrs. ANGELICA TAMMINI</u>		
<b>Services inquired on/availed:</b>					
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <u>(PAGE ROMPON)</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>		<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input checked="" type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____				
<input type="checkbox"/> Techno. Consultancy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____				

**To be filled out by customers**

To help us serve you better, please completely fill up this survey.

## **SECTION 1: CUSTOMER'S PROFILE**

Name: Rosalina M Tambon

School/Company/Organization Name:

Address (Brgy./Mun./Prov.): Brgy 3 Romblon  
Romblon

Tel or Cel No./E-mail Add.:

**Classification:**

- |   |   |
|---|---|
| <input type="checkbox"/> Student<br><input type="checkbox"/> Owner of a business<br><input checked="" type="checkbox"/> Employee of a business<br><input type="checkbox"/> Government employee<br><input type="checkbox"/> Professional, pls. specify | <input type="checkbox"/> Overseas Filipino Worker<br><input type="checkbox"/> Not employed (retiree/displaced)<br><input type="checkbox"/> Others, pls. specify _____ |
|---|---|

First time to visit DOST?  Yes  No

Sex:  Male  Female

**Age Group:**

- |   |  |
|---|--|
| <input type="checkbox"/> 15 & below<br><input type="checkbox"/> 16-20<br><input type="checkbox"/> 21-30<br><input type="checkbox"/> 31-40 | <input checked="" type="checkbox"/> 41-50<br><input type="checkbox"/> 51-59<br><input type="checkbox"/> 60 & above |
|---|--|

Person with Disability?  Yes  No

**Level of Education:**

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary<br><input checked="" type="checkbox"/> High School<br><input checked="" type="checkbox"/> College | <input type="checkbox"/> Masters/ PhD.<br><input type="checkbox"/> Others, pls. specify _____ |
|---|---|

## **SECTION 2: CUSTOMER EVALUATION/FEEDBACK**

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---

## **SECTION 3: FOR LIBRARY USERS ONLY**

Where your queries answered?  Yes  No

Please specify subject of interest.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agri./Horticulture<br><input type="checkbox"/> Aquaculture/Marine<br><input type="checkbox"/> Furniture | <input type="checkbox"/> Food Processing<br><input type="checkbox"/> Gifts, Housewares, Decors<br><input type="checkbox"/> Health and Pharma. | <input type="checkbox"/> ICT<br><input type="checkbox"/> Metals & Engineering<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|--|

What is your main reason for using the library?

- |  |   |
|--|---|
| <input type="checkbox"/> To support course of study/school requirement<br><input type="checkbox"/> Leisure/general enjoyment | <input type="checkbox"/> Independent learning/research<br><input type="checkbox"/> Others, pls. specify _____ |
|--|---|

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/ 01-02-14

<u>To be filled out by DOST-MIMAROPA staff</u>		
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit: <u>5/16/2023</u>	Attending Staff: <u>Mrs. ANGELICA TAMINI</u>
<b>Services inquired on/availed:</b>		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input checked="" type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA) <u>(TAGU - COMBON)</u>		
<input checked="" type="checkbox"/> Food Processing <input checked="" type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____
<b>[ ] Techno. Consultancy</b>		
<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	

<u>To be filled out by customers</u>												
<b>To help us serve you better, please completely fill up this survey.</b>												
<b>SECTION 1: CUSTOMER'S PROFILE</b>												
<b>Name:</b> <u>I CLIMENTE M. GALOSO</u>		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<b>School/Company/Organization Name:</b> <u>D'ACHIEVERS LTD ALSO. PATERAS AND FOOD SERVICES</u> <b>Address (brgy./Mun./Prov.):</b> <u>NEW MARKET B-11 ROMBLO, ROMBLO</u>		<b>Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female										
<b>Tel or Cel No./E-mail Add.:</b> <u>09612817104 Clarence Galoso @g4 gmail.com</u>		<b>Age Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> 15 &amp; below</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/> 41-50</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 16-20</td> <td style="text-align: center;"><input type="checkbox"/> 51-59</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 21-30</td> <td style="text-align: center;"><input type="checkbox"/> 60 &amp; above</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 31-40</td> <td></td> </tr> </table>	<input type="checkbox"/> 15 & below	<input checked="" type="checkbox"/> 41-50	<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59	<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 31-40			
<input type="checkbox"/> 15 & below	<input checked="" type="checkbox"/> 41-50											
<input type="checkbox"/> 16-20	<input type="checkbox"/> 51-59											
<input type="checkbox"/> 21-30	<input type="checkbox"/> 60 & above											
<input type="checkbox"/> 31-40												
<b>Classification:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Student</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Overseas Filipino Worker</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Owner of a business</td> <td style="text-align: center;"><input type="checkbox"/> Not employed (retiree/displaced)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Employee of a business</td> <td style="text-align: center;"><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Government employee</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Professional, pls. specify</td> <td></td> </tr> </table>		<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker	<input checked="" type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)	<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Government employee		<input type="checkbox"/> Professional, pls. specify		<b>Person with Disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student	<input type="checkbox"/> Overseas Filipino Worker											
<input checked="" type="checkbox"/> Owner of a business	<input type="checkbox"/> Not employed (retiree/displaced)											
<input type="checkbox"/> Employee of a business	<input type="checkbox"/> Others, pls. specify _____											
<input type="checkbox"/> Government employee												
<input type="checkbox"/> Professional, pls. specify												
		<b>Level of Education:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Elementary</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Masters/ PhD.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> High School</td> <td style="text-align: center;"><input type="checkbox"/> Others, pls. specify _____</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> College</td> <td></td> </tr> </table>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.	<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____	<input checked="" type="checkbox"/> College					
<input type="checkbox"/> Elementary	<input type="checkbox"/> Masters/ PhD.											
<input type="checkbox"/> High School	<input type="checkbox"/> Others, pls. specify _____											
<input checked="" type="checkbox"/> College												

## SECTION 2: CUSTOMER EVALUATION/FEEDBACK

Please rate your level of satisfaction with the delivery of service:

Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please help us improve our services with your suggestions and/or comments below. Thank you! ☺

---

## SECTION 3: FOR LIBRARY USERS ONLY

Where your queries answered?  Yes  No

Please specify subject of interest.

<input type="checkbox"/> Agri./Horticulture	<input type="checkbox"/> Food Processing	<input type="checkbox"/> ICT
<input type="checkbox"/> Aquaculture/Marine	<input type="checkbox"/> Gifts, Housewares, Decors	<input type="checkbox"/> Metals & Engineering
<input type="checkbox"/> Furniture	<input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> Others, pls. specify _____

What is your main reason for using the library?

<input type="checkbox"/> To support course of study/school requirement	<input type="checkbox"/> Independent learning/research
<input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Others, pls. specify _____

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION		Date of visit: <u>5/18/2023</u>	Attending Staff: <u>WILFRED ANTON CLARK MANA</u>
<b>Services inquired on/availed:</b>			
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Techno. Consultancy <input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT		<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____	

To be filled out by customers			
<b>To help us serve you better, please completely fill up this survey.</b>			
<b>SECTION 1: CUSTOMER'S PROFILE</b>			
<b>Name:</b> <u>MARIA NENA R. MAQUILING</u> <b>School/Company/Organization Name:</b> <u>BRGY. III - ROMBLON, ROMBLON</u> <b>Address (Brgy./Mun./Prov.):</b> <hr/>			
<b>Tel or Cel No./E-mail Add.:</b> <u>09087919203</u>			
<b>Classification:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____		
<b>First time to visit DOST?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
<b>Age Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>		<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
<b>Person with Disability?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Level of Education:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____		

<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK</b>						
<b>Please rate your level of satisfaction with the delivery of service:</b>						
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied	
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff competence.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff attitude.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Please help us improve our services with your suggestions and/or comments below. Thank you! ☺**

---

<b>SECTION 3: FOR LIBRARY USERS ONLY</b>						
<b>Where your queries answered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Please specify subject of interest.</b>						
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.		<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____		
<b>What is your main reason for using the library?</b>						
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment			<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____			

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

To be filled out by DOST-MIMAROPA staff														
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>	Date of visit: <u>5/18/2023</u>	Attending Staff: <u>JNLB ANTON CLARK MPNA</u>												
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td style="padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Techno. Consultancy           </td> <td style="padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> <td style="padding: 5px;"></td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT	<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT												
<input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____														

To be filled out by customers				
<b>To help us serve you better, please completely fill up this survey.</b>				
<b>SECTION 1: CUSTOMER'S PROFILE</b>				
<b>Name:</b> <u>Jeonerie F. Muyu</u> <b>School/Company/Organization Name:</b> _____		<b>First time to visit DOST?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
<b>Address (Brgy./Mun./Prov.):</b> <u>Brgy. Bagacay</u> <u>ao 90</u>		<b>Age Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input type="checkbox"/> 60 &amp; above           </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input type="checkbox"/> 60 & above			
<b>Tel or Cel No./E-mail Add.:</b> <u>09054895174</u>		<b>Person with Disability?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Level of Education:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input checked="" type="checkbox"/> College           </td> <td style="padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input checked="" type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____			
<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK</b>				
<b>Please rate your level of satisfaction with the delivery of service:</b>				
<b>Drivers of Satisfaction</b>		<b>1-Very Satisfied</b> <b>2-Satisfied</b> <b>3-Neutral</b> <b>4-Dissatisfied</b> <b>5-Very Dissatisfied</b>		
Speed and timeliness.....		<input checked="" type="checkbox"/>		
Quality of service rendered.....		<input checked="" type="checkbox"/>		
Relevance of service rendered.....		<input checked="" type="checkbox"/>		
Staff competence .....		<input checked="" type="checkbox"/>		
Staff attitude .....		<input checked="" type="checkbox"/>		
Overall perception of service rendered ...		<input checked="" type="checkbox"/>		
<b>Please help us improve our services with your suggestions and/or comments below. Thank you! ☺</b> <hr/> <hr/>				

SECTION 3: FOR LIBRARY USERS ONLY					
<b>Where your queries answered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Please specify subject of interest.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Health and Pharma.           </td> <td style="padding: 5px;"> <input type="checkbox"/> ICT  <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____			
<b>What is your main reason for using the library?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment           </td> <td style="padding: 5px;"> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____				

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

To be filled out by DOST-MIMAROPA staff														
 <b>DEPARTMENT OF SCIENCE AND TECHNOLOGY</b> <b>MIMAROPA REGION</b>	Date of visit: <u>5/18/2023</u>	Attending Staff: <u>JULY ANTON CLARK MANA</u>												
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)         </td> <td colspan="2"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture         </td> <td colspan="2"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Techno. Consultancy         </td> <td colspan="2"> <input type="checkbox"/> Energy Audit  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>			<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____		<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture		<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____												
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> Energy Audit <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Others, pls. specify _____												

To be filled out by customers						
<b>To help us serve you better, please completely fill up this survey.</b>						
<b>SECTION 1: CUSTOMER'S PROFILE</b>						
Name: <u>DANA M. MORTERA</u>		First time to visit DOST? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
School/Company/Organization Name:		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female				
Address (Brgy./Mun./Prov.): <u>BAZANGAY 3 P.D.B. ROMBLON, ROMBLON</u>		Age Group: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40         </td> <td style="width: 50%;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above         </td> </tr> </table>	<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above					
Tel or Cel No./E-mail Add.: <u>09216169320</u>		Person with Disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Classification: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify         </td> <td style="width: 50%;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>		<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____	Level of Education: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Elementary  <input checked="" type="checkbox"/> High School  <input type="checkbox"/> College         </td> <td style="width: 50%;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>	<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____					
<input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____					

SECTION 2: CUSTOMER EVALUATION/FEEDBACK					
<b>Please rate your level of satisfaction with the delivery of service:</b>					
Drivers of Satisfaction	1-Very Satisfied	2-Satisfied	3-Neutral	4-Dissatisfied	5-Very Dissatisfied
Speed and timeliness.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of service rendered.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff competence .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff attitude .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of service rendered ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please help us improve our services with your suggestions and/or comments below. Thank you! ☺**

SECTION 3: FOR LIBRARY USERS ONLY								
<b>Where your queries answered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Please specify subject of interest.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture         </td> <td style="width: 33%;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Health and Pharma.         </td> <td style="width: 33%;"> <input type="checkbox"/> ICT  <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>						<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____						
<b>What is your main reason for using the library?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment         </td> <td style="width: 50%;"> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify _____         </td> </tr> </table>						<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____							

# CUSTOMER SATISFACTION FEEDBACK FORM

TO F1  
Rev 0/01-02-14

<b>DEPARTMENT OF SCIENCE AND TECHNOLOGY MIMAROPA REGION</b>		To be filled out by DOST-MIMAROPA staff	Date of visit:	Attending Staff:												
		<u>01/18/2023</u>	<u>JULIE ANTON CLARK MANA</u>													
<b>Services inquired on/availed:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Technology Needs Assessment (TNA)  <input type="checkbox"/> Techno. Transfer &amp; Commercialization (SETUP/GIA)           </td> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> Project Proposal Preparation  <input type="checkbox"/> Packaging and Labeling  <input checked="" type="checkbox"/> Technology Training  <input type="checkbox"/> Technology Clinics/Forum  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Laboratory (Metrology/Microbiology)  <input type="checkbox"/> Library/Information  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Health and Pharma.  <input type="checkbox"/> ICT  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Techno. Consultancy           </td> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> MPEX  <input type="checkbox"/> CAPE  <input type="checkbox"/> CPT  <input type="checkbox"/> Energy Audit  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>					<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____			<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____	<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____		
<input type="checkbox"/> Technology Needs Assessment (TNA) <input type="checkbox"/> Techno. Transfer & Commercialization (SETUP/GIA)		<input type="checkbox"/> Project Proposal Preparation <input type="checkbox"/> Packaging and Labeling <input checked="" type="checkbox"/> Technology Training <input type="checkbox"/> Technology Clinics/Forum <input type="checkbox"/> Scholarship <input type="checkbox"/> Laboratory (Metrology/Microbiology) <input type="checkbox"/> Library/Information <input type="checkbox"/> Others, pls. specify _____														
<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Health and Pharma. <input type="checkbox"/> ICT <input type="checkbox"/> Others, pls. specify _____															
<input type="checkbox"/> Techno. Consultancy		<input type="checkbox"/> MPEX <input type="checkbox"/> CAPE <input type="checkbox"/> CPT <input type="checkbox"/> Energy Audit <input type="checkbox"/> Others, pls. specify _____														

<b>To be filled out by customers</b>								
<b>To help us serve you better, please completely fill up this survey.</b>								
<b>SECTION 1: CUSTOMER'S PROFILE</b>								
<b>Name:</b> <u>Hilares B. Reldan</u>		<b>First time to visit DOST?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>School/Company/Organization Name:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female						
<b>Address (Brgy./Mun./Prov.):</b> <u>Matapula Romblon</u> <u>0961875135</u>		<b>Age Group:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 15 &amp; below  <input type="checkbox"/> 16-20  <input type="checkbox"/> 21-30  <input type="checkbox"/> 31-40           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> 41-50  <input type="checkbox"/> 51-59  <input checked="" type="checkbox"/> 60 &amp; above           </td> </tr> </table>			<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above		
<input type="checkbox"/> 15 & below <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-59 <input checked="" type="checkbox"/> 60 & above							
<b>Tel or Cel No./E-mail Add.:</b>		<b>Person with Disability?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>Classification:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Student  <input checked="" type="checkbox"/> Owner of a business  <input type="checkbox"/> Employee of a business  <input type="checkbox"/> Government employee  <input type="checkbox"/> Professional, pls. specify           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Overseas Filipino Worker  <input type="checkbox"/> Not employed (retiree/displaced)  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>		<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____	<b>Level of Education:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Elementary  <input type="checkbox"/> High School  <input type="checkbox"/> College           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Masters/ PhD.  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>			<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Owner of a business <input type="checkbox"/> Employee of a business <input type="checkbox"/> Government employee <input type="checkbox"/> Professional, pls. specify	<input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Not employed (retiree/displaced) <input type="checkbox"/> Others, pls. specify _____							
<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Masters/ PhD. <input type="checkbox"/> Others, pls. specify _____							

<b>SECTION 2: CUSTOMER EVALUATION/FEEDBACK</b>						
<b>Please rate your level of satisfaction with the delivery of service:</b>						
<b>Drivers of Satisfaction</b>		<b>1-Very Satisfied</b>	<b>2-Satisfied</b>	<b>3-Neutral</b>	<b>4-Dissatisfied</b>	<b>5-Very Dissatisfied</b>
Speed and timeliness ..... Quality of service rendered ..... Relevance of service rendered ..... Staff competence ..... Staff attitude ..... Overall perception of service rendered ...		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

<b>Please help us improve our services with your suggestions and/or comments below. Thank you! ☺</b>   <hr style="border: 0.5px solid black; margin-top: 10px;"/>								
<b>SECTION 3: FOR LIBRARY USERS ONLY</b>								
<b>Where your queries answered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Please specify subject of interest.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Agri./Horticulture  <input type="checkbox"/> Aquaculture/Marine  <input type="checkbox"/> Furniture           </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> Food Processing  <input type="checkbox"/> Gifts, Housewares, Decors  <input type="checkbox"/> Health and Pharma.           </td> <td style="width: 33%; padding: 5px;"> <input type="checkbox"/> ICT  <input type="checkbox"/> Metals &amp; Engineering  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>						<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____
<input type="checkbox"/> Agri./Horticulture <input type="checkbox"/> Aquaculture/Marine <input type="checkbox"/> Furniture	<input type="checkbox"/> Food Processing <input type="checkbox"/> Gifts, Housewares, Decors <input type="checkbox"/> Health and Pharma.	<input type="checkbox"/> ICT <input type="checkbox"/> Metals & Engineering <input type="checkbox"/> Others, pls. specify _____						
<b>What is your main reason for using the library?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> To support course of study/school requirement  <input type="checkbox"/> Leisure/general enjoyment           </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Independent learning/research  <input type="checkbox"/> Others, pls. specify _____           </td> </tr> </table>						<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____	
<input type="checkbox"/> To support course of study/school requirement <input type="checkbox"/> Leisure/general enjoyment	<input type="checkbox"/> Independent learning/research <input type="checkbox"/> Others, pls. specify _____							