

Date Completed: Click or tap to enter a date.

Customer Name: Contact Name:

Project Number:

We would like to get your opinion about the service you recently received from our lab. Please respond by placing an X in the box that reflects your opinion.

Thank you in advance for your time.

		Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree
1.	It is easy to do business with our lab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The turn-around time on this project met your expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The communication and updates you received were prompt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The calibrations were performed correctly to your satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The quality of the Calibration Certificate and Data is acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments and/or suggestions for improvement:

After completing this form, please email it to cal@com-power.com