



Naval Systems, Inc. is committed to total Customer Satisfaction and AS 9100 conformance.
Please assist us with this commitment by filling out this form and fax, e-mail or mail to:

David Rini - drini@n-s-i.us
NSI Management Representative for Quality
8551-1 Westside Industrial Drive Jacksonville, FL 32219
Ph: 904-248-4313 – FAX 904-248-4301

Company/Customer Name: _____

Survey completed by: _____

Title: _____

Phone: _____

Date: _____

On a scale of 1 to 5 (1 being worst - 5 being best) how do we compare with our competitors in the following categories?

	1 worst					5 best
	1	2	3	4	5	
Quality of Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
Completeness of orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
On time delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
Response to customer need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
Completeness of paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

Your business is very important to us. Thank you for taking the time to share your thoughts.

For NSI Use

Survey reviewed by: _____ Date: _____

Comments by investigator (if assigned) _____

Use separate sheet if needed _____

Corrective Action Record (if assigned) _____