**EQUIPMENT EVALUATION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client/Office:** | **Name of Evaluator (optional):** | | | | | | |
| **Position of Evaluator:** | **Date Evaluated:** | | | | | | |
| VS – Very Satisfied  S – Satisfied  N – Neutral  U – Unsatisfied  VU – Very Unsatisfied | | **VS**  **(5)** | **S**  **(4)** | **N**  **(3)** | **U**  **(2)** | **VU**  **(1)** | **NA** |
| Please indicate the your level of satisfaction with the following elements of the equipment currently being demonstrated / evaluated : | |  |  |  |  |  |  |
| Product Packaging | |  |  |  |  |  |  |
| Delivery Time (from request to actual demonstration/evaluation) | |  |  |  |  |  |  |
| Suitability of the product to your requirements | |  |  |  |  |  |  |
| Installation/first use experience | |  |  |  |  |  |  |
| Overall reliability and quality of the product | |  |  |  |  |  |  |
| Functionality and features of the product | |  |  |  |  |  |  |
| Measurement accuracy | |  |  |  |  |  |  |
| Ease of use | |  |  |  |  |  |  |
| Efficiency in reagent consumption | |  |  |  |  |  |  |
| Compatibility with other equipment/software | |  |  |  |  |  |  |
| Compliance with regulatory requirements and quality standards (i.e. FDA, DOH, ISO 9001) | |  |  |  |  |  |  |
| Product documentation (user guides) | |  |  |  |  |  |  |
| Price of equipment quoted | |  |  |  |  |  |  |
| Price of reagents / consumables quoted | |  |  |  |  |  |  |
| Overall satisfaction with the equipment | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VL – Very Likely  L – Likely  SL – Somewhat Likely  U – Unlikely  VU – Very Unlikely | **VL**  **(5)** | **L**  **(4)** | **SL**  **(3)** | **L**  **(2)** | **VU**  **(1)** | **NA** |
| As a customer of Altamedica Incorporated, would you recommend our equipment to your colleagues? |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comments and suggestions about the equipment:** | | | | |
| **Overall Satisfaction**  (To be filled up by Altamedica QMR) | | | | |
| **VS**  **(4.21-5.00)**  **□** | **S**  **(3.41-4.20)**  **□** | **N**  **(2.61-3.40)**  **□** | **U**  **(1.80-2.60)**  **□** | **VU**  **(1.00-1.80)**  **□** |

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accomplished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_