*SLSI Laboratory Services Division wishes to obtain customer feedback on the services offered. Please spare 10 minutes of your valuable time and fill the following questionnaire to improve our system.*

Name of the Organization / Division:………………………………………………………………………………………………………………………..

Address:……………………………………………………………………………………………………………………………………………………

Contact person (optional):………………………………………………………………………………………………………………………………………..

Tel :................................... Fax : ………………........................ Email :…………..………………………………………….

1. **SLSI laboratories which you obtained testing services are:**

Chemical Food Microbiology Electrical & Electronics Materials Textile

1. **Reasons for selecting our laboratory services are:**

Need an accredited testing service Convenience Regulatory purpose

For comparison purpose Lab reputation No local laboratory is offering this test service

Cost effectiveness Other (*pls specify*) ………………………

**3. Please circle the number that best represents your feelings:**

*(The first set of numbers related to your expectations* Degree of Performance of

*and the second set to how we performed)* importance to me laboratory

( 1 = Unimportant – 5 = Very important) ( 1 = Never -- 5 = Always )

1. Obtaining prices and quotes is easy 1 2 3 4 5 1 2 3 4 5
2. Employees respond in a timely manner 1 2 3 4 5 1 2 3 4 5
3. Submitting samples is easy and convenient 1 2 3 4 5 1 2 3 4 5
4. Employees are courteous 1 2 3 4 5 1 2 3 4 5
5. Agreed turnaround time is met 1 2 3 4 5 1 2 3 4 5
6. Reports are easy to understand 1 2 3 4 5 1 2 3 4 5
7. Payment procedures are easy and convenient 1 2 3 4 5 1 2 3 4 5
8. Technical support of the staff 1 2 3 4 5 1 2 3 4 5

**4. What is your overall satisfaction with our Laboratory services:**

Very pleased Pleased Adequate Dissatisfied  Strongly dissatisfied

**5. Will you use our service again?**

Yes May be No

1. **What can we do to serve you better:**

***We would like to thank You for your time in filling out this feedback form. Date :***

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