Non-Destructive Testing Products Limited

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ISO 9001:2008
TRC 00665

Customer Survey Form

Date: _____

Customer Name: _____

Rating: **A = Excellent - Exceeds expectations; B = Good -Meets expectations**
C = Satisfactory But Needs Improvement; D = Poor, Does not meet expectations;
N = Not Applicable

1) Goods/services were delivered as required (on-time). **A B C D**
Comments:_____

2) The packaging was adequate and goods were received in good condition. **A B C D**
Comments_____

3) Supporting documentation was available when requested. **A B C D**
(Product technical data, user manuals, material safety data sheets (MSDS), certificates of analysis, calibration certificates, test reports)
Comments: _____

4) The products/equipment/application are working to your satisfaction. **A B C D**
Comments:_____
_____

5) a) Have you visited our website (www.ndtproducts.ca)? **YES NO**

A B C D
b) Please rate how useful you found it to be.
Comments:_____
_____

6) Inquiries/questions were responded to in a timely manner. **A B C D**
Comments:_____
_____

7) What suggestions could you provide that would assist us in improving our products or services?

_____
_____
_____

Survey Completed By (Name & Job Title/Function): _____