# CUSTOMER SURVEY

## INDUSTRAIL ACTIVITY CONTROL SHOP

**Please take a few minutes to complete our survey. Your honest feedback will allow us to improve our services, and anticipate your future requirements.**

**1. FOR WHICH OF THE FOLLOWING DO YOU WORK?**

6.1 (Production Management) ☐ 6.3 (Production Support) ☐ 6.2 (Production ☐ 6.4 (Quality) ☐

Other _____ Date _____

DO YOU KNOW WHAT SERVICES WE PROVIDE? YES ☐ NO ☐

**2. HOW OFTEN DO YOU UTILIZE THE INDUCSTRIAL ACTIVITY CONTROL SHOP SERVICES, EXPERTISE ASSISTANCE?**

DAILY ☐ WEEKLY ☐ MONTHLY ☐

**3. PLEASE INDICATE WHICH AREA YOU DID BUSINESS WITH.**

BLDG 83 ☐ BLDG 133 ☐ BLDG 137 H-46 ☐ BLDG 137 H-53 ☐ BLDG 137 940 ☐

BLDG 137 CENTRAL TOOL ROOM ☐ BLDG 137 TOOL ROOM ☐ BLDG 188 ☐ BLDG 245 ☐

BLDG 1665 ☐ BLDG 1798 ☐ BLDG 4032 ☐ BLDG 4224 ☐ BLDG 4225 ☐

**4. WHAT WAS THE SUBJECT OF YOUR BUSINESS?**

SPECIAL SUPPORT EQUIPMENT ☐ HAZARDOUS MATERIAL ☐ TOOLING ☐

**5. WHAT IS YOUR PERCEPTION OF US?**

_____

**6. WHAT CAN WE DO TO IMPROVE OUR SERVICE TO YOU?**

_____

**7. PLEASE RATE THE FOLLOWING BY CIRCLING FROM 1 TO 5 (WITH 5 BEING THE HIGHEST RATING)**

| | | | | | |
|---|---|---|---|---|---|
| a. Did you receive the services requested in a timely manner? | **1** | **2** | **3** | **4** | **5** |
| b. Was the individual helping you knowledgeable of the subject? | **1** | **2** | **3** | **4** | **5** |
| c. Were you treated in a professional manner? | **1** | **2** | **3** | **4** | **5** |
| **d. Were you satisfied with the service you received?** | **1** | **2** | **3** | **4** | **5** |
| e. Did you receive the exact service you requested? | **1** | **2** | **3** | **4** | **5** |

**Please return the completed survey via guard mail envelope to 69510 or email**

DATE _____ NAME OPTIONAL _____