



## CUSTOMER SATISFACTION SURVEY

Date:

Organization:

| No. | Evaluation Elements                          | Satisfaction Degree |                       |               |                     |
|-----|----------------------------------------------|---------------------|-----------------------|---------------|---------------------|
|     |                                              | Poor<br>(40%)       | Satisfactory<br>(60%) | Good<br>(80%) | Very Good<br>(100%) |
| 1   | Our Service in general                       |                     |                       | ✓             |                     |
| 2   | Our performance during training & Inspection |                     |                       | ✓             |                     |
| 3   | Our safety provisions during our services    |                     |                       | ✓             |                     |
| 4   | Our judgment                                 |                     | ✓                     |               |                     |
| 5   | Benefits from our comments                   |                     | ✓                     |               |                     |
| 6   | Our Inspector and Trainers                   |                     |                       |               | ✓                   |
| 7   | Our prices and delivery                      |                     |                       |               | ✓                   |

Please give us your recommendations or suggestions for our service improvement.

*No Significant Comments.*

Evaluator Name:

*Saeed Sulfikan*

Designation:

*HSE Advisor / Manager*

