

Your name:

Name of your organisation:

**1 Why did you choose AV Calibration Ltd? (please mark all those applicable)**

Expertise	<input type="checkbox"/>	Customer service	<input type="checkbox"/>
Value for money	<input type="checkbox"/>	Previous experience with us	<input type="checkbox"/>
Impartiality	<input type="checkbox"/>	Personal contact	<input type="checkbox"/>
No other laboratory available	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>

Other reason(s) - please specify

**2 On a scale of 1-5 please indicate your views on the service we provided.  
(1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent, N/A = not applicable)**

	N/A	1	2	3	4	5
A Speed of response to your enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Talking to the right person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Understanding what you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Access to technical experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Ability to meet your technical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Our attitude in dealing with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G Speed of producing quotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Quality of certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Informing you if problems arose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J Completion of work correctly & on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K Turn-round time of your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Overall quality of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M Range of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N Value for money (relative to other labs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 From the list above, which three of the above items are most important to you? Please enter A to N as appropriate.**

          

**4 Do you have any other suggestions to help improve our service?**

**Thank you for taking the time to provide this valuable feedback.  
Please fax to 01462 638601 (no cover sheet required)**