

## Atlas Testing Laboratories, Inc. CUSTOMER SATISFACTION SURVEY

| Date: Page 1 of 3   |
|---|
| Customer Name:  |
| Customer E-mail address:  |
| Atlas Testing is dedicated to customer satisfaction. We respect you, our customer, listen to your requests, understand your expectations and are always looking for ways to exceed them. We are pushing a new initiative towards customer satisfaction – that is, solicitation of your feedback. This assessment of our performance will guide us in improving customer satisfaction. |
| Please take a few moments to let us know of your satisfaction level with Atlas Testing.   |
| PLEASE RATE THE FOLLOWING ON A SCALE OF 1-4   |
| 1= Unacceptable, 2=Inadequate, 3=Satisfactory, 4=Excellent  |
| If an area to be complete is not applicable to this request, please indicate with an "N/A"  |
| SERVICE   |
| Were you treated in a professional and courteous manner?  |
| Were any concerns of testing dealt with in a timely manner?   |
| $^{\circ}$ $_{1}$ $^{\circ}$ $_{2}$ $^{\circ}$ $_{3}$ $^{\circ}$ $_{4}$   |
| QUALITY   |
| $\bullet$ Were our test results and reports legible and comprehensive?<br>$^{\circ}$ 1 $^{\circ}$ 2 $^{\circ}$ 3 $^{\circ}$ 4   |
| <ul> <li>How has the overall quality service been?</li> <li>1</li></ul>   |



## Atlas Testing Laboratories, Inc. CUSTOMER SATISFACTION SURVEY

Page 2 of 3

| TIME  |
|---|
| <ul> <li>How was our turn around time on your order?</li> <li>1  2  3  4</li> </ul>             |
| • Was delivery that which was promised?<br>$\begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| Please provide answers to the following:  |
| How can Atlas Testing Laboratories serve you better?  |
|   |
|   |
| Do you have any further comments or areas of concern in which you would like to share?          |
|   |
|   |
|   |
| Your Name (printed):  |
| Company Name (printed):   |
| Company Address (printed):  |



## Atlas Testing Laboratories, Inc. CUSTOMER SATISFACTION SURVEY

Page 3 of 3

| Company City, State and Zip Code (printed): |                               |     |  |  |  |
|---|-------------------------------|-----|--|--|--|
| May we contact                              | t you in regard to this surve | ey? |  |  |  |
| Yes   | No                            |     |  |  |  |
| Date:                                       |                               |     |  |  |  |