



*Safety, Quality And Productivity Our Vision & Goal*

## CUSTOMER SATISFACTION SURVEY

Project : .....

Name of Customer : .....

Please help us to improve our service to you with your valuable feedbacks

1-Very Weak 2-Weak 3-Average 4-Good 5-Very Good Please tick (☐)

	1	2	3	4	5
1) Our response to your queries and instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Our overall project quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Professionalism of our project team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Adequacy of the labour provided by us compared to the contract requirements / schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Degree of compliance in respect to materials / fixtures used compared to contract specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Our safety and housekeeping control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Quality control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Technical know how	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) How do you rate our overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) Do you have any further comments or feedback? Please comment below:

.....  
.....  
.....

Signature : .....

Name : .....

Position : .....

Date : .....