



Customer Service Questionnaire

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Type of Testing: \_\_\_\_\_

Rate the following questionnaire based on your experience with the Laboratory. (1 – Very Good, 2 – Satisfactory, 3 – Poor, N/A – Not Applicable)

Table with 5 rows of questions and 4 columns of rating options (1, 2, 3, N/A) with checkboxes.

Please Circle the Appropriate Response.

How often do you use our services? (Rarely / Sometimes / Often)

Are the results for personal or commercial testing? (Yes / No)

What industry is the testing done for (if applicable)? A) Air Quality/Environmental B) Cannabis/NHP Products C) Oil & Gas D) Other. (Specify)

Would you recommend our services to others? (Yes / No)

Comments:

Horizontal lines for writing comments.

We appreciate your opinions and make every effort to ensure customer satisfaction. We are committed to the highest standards of analytical service to our clients.

Please return this form to the Laboratory Supervisor at your earliest convenience. #118, 339 – 50th Avenue S.E., Calgary AB T2G-2B3 Phone: (403)253-7026 Fax: (403) 253-7072

