

Bio-Chem Consulting Services (1980) Ltd.

Customer Service Questionnaire

Name: Pho	ne:
Company:	
Date of Test: Type of	Testing:
Rate the following questionnaire based on your ex (1 – Very Good, 2 – Satisfactory, 3 – Poor, N/A –	
How would you rate the service provided by the Lab	
If you requested help or information, how would you	
How would you rate the turn-around-time for your te	
Was the pricing of the testing reasonable?	
Were the sample supplies (i.e. sample containers, c	oolers) made readily available? □ □ □ □
How would you rate your overall experience with the	e laboratory?
Please Circle the Appropriate Response.	
How often do you use our services? (Rarely / Sometim	es / 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	s / No)
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

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For Internal Use Only	
LS:	Date:
QAO:	Date:

Reference: QM 2.5.3