



CUSTOMER SATISFACTION FEED BACK QUESTIONNAIRE

Sr. No.

Dated:

Customer Name and address:

Your Contract/Order No:	<input type="text"/>
NPSL Reference No:	<input type="text"/>
NPSL Certificate No:	<input type="text"/>
NPSL Report No:	<input type="text"/>

About Your Organization:

1. Name: _____ Job Title/Design: _____

2. Business Sector: Public: Private:

3. Business Activity:

PNAC/Accredited test/calibration laboratory: Non PNAC/Accredited test/calibration Laboratory:
 R & D Laboratory Manufacturing Q.C. Lab Academia Inspection Lab Others

4. Product or Service Purchased:

Calibration: Testing: Conference/event: Equipment Supply: Training in metrology:
 Publication: Repairing and maintenance: Training in ISO 17025:

5. Approximately how many times a year do you / your department purchase a service from NPSL :

6. Why did you choose NPSL? (tick one or more)

Expertise/Technical excellence: Customer Services: Value for money*:
 Previous experience with NPSL: Impartiality/independence: Personal contact:
 No other service provider: Other _____

Note: *Value of money means what benefit you get on presentation of reports/certificates issued by the NPSL; as a third party concept etc

About Our Service:

7. On a scale of 1 – 5 please indicate your overall views on the service provided.

(5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor.)

	Excellent -----Poor				
	5	4	3	2	1
a. Quality of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Range of services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Similarly please indicate your views on specific aspect of service.

	Excellent -----Poor					
	5	4	3	2	1	N/A
a. Speed of response to your initial enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ease of getting through to the right person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understanding your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attitude of NPSL staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Timeliness of quotation/proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Quality of documentation/presentations etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Keeping you informed of progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to meet your technical need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Completion of the services on time & to contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to technical experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Opening hours/ access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Timeliness of invoicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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m. Ease of payment

9. From the list above please identify the three elements that you consider most important:

(Mark the boxes a – m, as appropriate)

10. To be answered by customers who send in equipment for testing/calibration services only:

(All other customers please move to Question 11)

a. If the certificate/report was **not** received with the returned equipment, was it sent:-

Before the equipment within a week within 1 – 2 week 2 Week (+)

b. Please indicate how satisfied you were with the turnaround time of your job from:

Excellent-----Poor

5 4 3 2 1

(i) Order placed to job start

(ii) Job start to completion

11. Complaints:

If anyone has gone wrong, and we sincerely hope that it hasn't, how satisfied were you with:

Excellent-----Poor

5 4 3 2 1

a. Ease of contacting NPSL to complain

b. The attention given to your complaint

c. Speed with which NPSL deals with it

d. The final resolution / outcome

For further Information about services from NPSL, please contact:

E-mail: npslisb@yahoo.com Phone: 0092 – 51 – 9257459

12. Please use this space below if you would like to comment further or make any suggestions, for improvement (attach additional sheet if required).

Comments (if any)/ Signature with Date:

To be returned to: Director General, NPSL, 16-H/9, Islamabad, Pakistan.

Many thanks for completing this questionnaire. Please return it in the self addressed envelope provided.

Alternatively, you can fax it to us on +92 – 51 – 9258162

For NPSL use only

(Corrective Action for improvement / Quality Assurance)

Remarks/Endorsement by Director General / CEO, NPSL: _____

Quality Manager Remarks/Endorsement by: _____

ILO/ OIC CSS for n/a: _____

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