



Durkee Testing Laboratories, Inc.

## Customer Satisfaction Survey

P.O. Box 1401 \* 15700 Texaco Street

Paramount, CA 90723

Phone: 562-531-7111 Fax: 562-531-7137

E-mail Survey to: [Comments@DurkeeLabs.com](mailto:Comments@DurkeeLabs.com)

How are we doing?

As a valued and very important customer to Durkee Testing, we would like you to rate your experience in doing business with DTL. Please take a few minutes to let us know how we have performed in the recent past and, most importantly, what we can do to improve our level of service in the future. Any comments you have are welcomed and greatly appreciated as we strive to provide you with the best service possible.

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. If a Request for Quote was issued, did we respond in a timely manner?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was our pricing Competitive?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was our lead time competitive?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did your order arrive by the committed date?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If your company uses "due dates" to track orders or issue a grade, did we perform in a timely manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were we responsive and professional?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did we solve or prevent any problems?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were we polite and articulate?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any specific complaints regarding quality or overall service?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Company Name:

Buyer:

Date: