

	<b>MÜŞTERİ MEMNUNİYET ANKETİ</b>	İLGİLİ SİSTEM	LYS
		Doküman No	LYP14FR03
		Yayın Tarihi	01.10.2021
		Revizyon No	00
		Revizyon Tarihi	
		Sayfa No	1 / 2

**Our dear customer; We ask that you fill out this form and send it by fax or mail to our address, in order to provide you better service, expectations and suggestions.**

**Our respect,**

**ATS Trafo Laboratory**

**Address** : Organize Sanayi Bölgesi 5.Cadde, No:5 Petrol Mahallesi, 02040 Adıyaman Merkez/Adıyaman

**Telepohe** :

**Faks** :

**e-mail address** : ats@atstrafo.com

**core: 1-Never Satisfied, 2-Not Satisfied, 3-Uncecided, 4-Satisfied, 5-Very Satisfied**

		1	2	3	4	5
1	Accessibility to Relevant Persons in Your Relationship with Our Laboratory					
2	Execution of Commitments and Works on Time					
3	Making Satisfying Explanations About Your Requests and Questions					
4	Quality and Diversity of the Service Provided.					
5	Quickness, Helpfulness, Job to be Fulfilled, Güler face and Interest					
6	Reliability, Integrity, Impartiality, Confidentiality, Independence from All Forms of Pressure					
7	Information on Technical Qualifications, Renewed Standards, Legislation and Developments.					
8	Full and Correct Transport of Test Reports, Bills and Similar Documents to You					
9	Making the Laboratory Act Suitable to Legislation and Legislation.					
10	National / International Acceptability of Experimental Reports Given					
11	Other suggestions and ideas you would like to mention:					
<b>Company name</b>		<b>Telephone</b>			<b>E-Mail</b>	
<b>EVALUATION</b> (This Section will be FILLED BY LABORATORY)						

HAZIRLAYAN		ONAYLAYAN	
Kalite Sistem Sorumlusu		Şirket Müdürü	

	<b>MÜŞTERİ MEMNUNİYET ANKETİ</b>	İLGİLİ SİSTEM	LYS
		Doküman No	LYP14FR03
		Yayın Tarihi	01.10.2021
		Revizyon No	00
		Revizyon Tarihi	
		Sayfa No	2 / 2

<b>Evaluation Date:</b>	<b>Total Rating:</b>	<b>Survey No:</b>
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HAZIRLAYAN	ONAYLAYAN
Kalite Sistem Sorumlusu	Şirket Müdürü