Date: ......../…..../........

**Name, Surname:** .................................................. **Position :**........................................................................... **Company and Department:**................................................................................................................................

**Telephone :** ...................................................... **e-mail :** .........................@..............................................

#### Evaluation

#### 5: Absolutely agree

#### 4: Somewhat agree

#### 3: Neither agree nor disagree

#### 2: Somewhat disagree

**1: Strongly disagree**

#### Importance

#### 5: Extremely important

#### 4: Very Important

#### 3: Somewhat important

#### 2: Not very important

#### 1: Absolutely not important

#### Please denote importance of the question and your evaluation

#### with “X”.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUESTIONS** | | **IMPORTANCE** | | | | | **EVALUATION** | | | | | **Do Not Know** |
| **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** |
| **Test Application Response Service** | | | | | | | | | | | | |
| 1 | Responsiveness to the questions is satisfactory. |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Quotation is obtained on due time. |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Quotation content is satisfactory. |  |  |  |  |  |  |  |  |  |  |  |
| **Test Service** | | | | | | | | | | | | |
| 1 | Test reports are completed during stated time. |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Test results are accurate and reliable. |  |  |  |  |  |  |  |  |  |  |  |
| **Certification Service** | | | | | | | | | | | | |
| 1 | Certification is completed during stated time. |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Certificates are prepared correctly. |  |  |  |  |  |  |  |  |  |  |  |
| **General** | | | | | | | | | | | | |
| 1 | Responsibles have professional knowledge and specialization. |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Confidentiality and integrity are applied. |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Support is provided about the service when needed. |  |  |  |  |  |  |  |  |  |  |  |
| 4 | There is no communication problem with the company. |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Cost and payment procedure is content. |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Service of the company is satisfactory on the whole. |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Suggestions and Comments |
|  |

**Note**

1. Given information will be evaluated confidentially by Quality Management Representative.

2. After answering the survey, please send it to [**gulsum.buyuklu@tr.tuv.com**](mailto:gulsum.buyuklu@tr.tuv.com) e-mail address or fax with the heading “for the attention of Gülsüm BÜYÜKLÜ” to 0216 665 32 99. Thank you for answering the survey.