

**CLIENT FEEDBACK QUESTIONNAIRE**

Please return the form by email to or by fax, marked for the attention of the Quality Management Rep Fax:  
All the information in this form shall be treated as confidential.

Customer Name:	Project Name and Number:
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Criteria	Poor	Average	Good	Excellent
Accessibility and Availability				
Keeping to Schedule				
Quality of work				
Quality of documentation				
Price Competitiveness				
SHE Compliance				
Overall Quality				

General Comments:				
Client Representative:		Date:		Sign:

Continual improvement is important to us. Thank you for your feedback.

**CONTROLLED  
COPY**