

TRANSPORTATION RESEARCH CENTER INC.

10820 S.R. 347, East Liberty, OH 43319-0367

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CUSTOMER SURVEY

Customer Name:

Project Title:

Your survey input is very important to us. If a rating area does not apply, please leave it blank.

Please provide ratings for the following items, using the following rating scale:

Excellent	Exceeded Expectations	Met Expectations	Below Expectations	Poor
5	4	3	2	1

Rating	Rating Area	Comments
	Capability of Testing Infrastructure Modern test equipment and facilities, conformance to applicable test standards, maintenance of facilities	
	Timing and Schedule Speed of test completion, efficient scheduling of resources, lead time for the test	
	Staff and Personnel Education and experience, communication skills, decision making skills, attitude, team atmosphere, adequate staffing levels	
	Flexibility Accommodation of customer needs, ability to change on short notice, adaptability (use of new equipment & test standards)	
	Project Communication Ability to communicate test information to customer, communication method (email, voice, fax)	
	Problem Resolution Prompt notification, problem solving skills, documentation of event	
	Test Support Necessities Internet access, office space, tools, garage space, fabrication capabilities	
	Correlation Facilities match real world and other test facilities, test to test similarities, driver pool represents real world customers	
	Project Conclusion and Deliverables Final report, delivery time, discussions, condition and return of test vehicle, invoice	
	Proposal Delivery time, content (cost & work description), clarity, delivery method (email, fax, postal)	
	Test Preparation Participant test knowledge, Vehicle instrumentation quality	
	Accuracy Repeatability, trustworthy results, precision	

How would you rate TRC's overall performance? _____

Please rate the cost of this test by TRC compared to the cost of similar services at another facility?

___ Much more costly	___ Somewhat more costly	___ Comparable	___ Somewhat less costly	___ Much less costly
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How did the quality of this test compare to the quality of similar services at another facility?

___ Much better quality	___ Somewhat better quality	___ Comparable	___ Somewhat lower quality	___ Much lower quality
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At your option, please provide the name of the facility with which you are comparing TRC:

Would you recommend TRC's services to a colleague? ___ yes ___ no ___ unsure

If you answered "unsure" or "no," why?

Is there anything in TRC's facilities or operation that you would like to see added or changed?

Explain: _____

Would you like us to send a brochure to someone? If so, please provide the following information:

Name: _____

Job Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Ph: _____

May we use your name as an introduction when corresponding with this person? ___ yes ___ no

Thank you for the opportunity to serve you!

Rick D. Gildow

Rick D. Gildow

President

Transportation Research Center Inc.

Survey Completed By:

Date: _____

