

ChipBLASTER SERVICE QUESTIONNAIRE

ChipBLASTER Inc. Service Technician _____ (name)

Installed Serviced: The following unit ('s) on _____ (date)

Serial Number ('s):

Model ('s):

To better serve our customers; ChipBLASTER would appreciate you filling out this short questionnaire upon completion of our visit to your facility

Level of Service Provided:	E = Excellent	G = Good	F = Fair	P = Poor
	E	G	F	P
ChipBLASTER Service Technician:				
• Quality of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Neatness of Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Promptness of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Testing of equipment prior to leaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ChipBLASTER Service Department:				
• In-house assistance setting up your installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Promptness of response by Service Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Technical support (if used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ChipBLASTER Machine:				
• Performance of unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ease of unit operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ease of unit maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information:			Yes	No
• Do you know about ChipBLASTER tooling?			<input type="checkbox"/>	<input type="checkbox"/>
• Are there other applications we can assist you with?			<input type="checkbox"/>	<input type="checkbox"/>
• Would you like information on ChipBLASTER's options?			<input type="checkbox"/>	<input type="checkbox"/>

Please utilize the space below for additional comments or assistance you may have or require about ChipBLASTER and our products.

Comments:

Submitted By: _____ Title: _____ Date: _____