



## Survey : SMSA Specialized Services

| SI No | Please rate the below  | Excellent<br>(5)         | Very<br>Good (4)         | Good<br>(3)              | Fair<br>(2)              | Poor<br>(1)              |
|-------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1     | How would you rate your satisfaction with the inspection services provided?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     | How satisfied are you with the site auditors performance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     | How would you rate your satisfaction with the route plan provided?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     | How often do you face a problem with the project management?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     | How satisfied are you with the technological solutions offered by SMSA to support the services provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     | How would you rate your level of overall satisfaction?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     | How satisfied are you with our complaints handling structure?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments or suggestions:

|           |  |       |  |            |  |
|-----------|--|-------|--|------------|--|
| Name      |  | Title |  | Department |  |
| Signature |  |       |  | Mobile No  |  |

Thank you for spending your precious time in evaluating our services. This survey will help SMSA continue to improve and enhance your experience with it.