

Please return the completed form to:

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11/10/08



**Timber Products Inspection, Inc.
Client Satisfaction Survey**

Client Name: _____ Date: _____
Client Location: _____

Client Contact: _____ TP Rep.: _____
Signature: _____ Signature: _____

Timber Products Inspection (TP) is committed to providing a high level quality of service to its customers. As part of our customer base, your feedback is important to us. We are constantly looking for better ways to serve you and would appreciate your time in filling out this short survey form. Please feel free to elaborate in the comments section at the bottom of this survey. Again, we appreciate your time in helping us provide you with the best services possible.

		Yes	No	N/A
1.0	Overall Service			
1.1	Were TP employees courteous and willing to help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Are you satisfied with your overall experience with TP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Will you use TP again for future services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	Inspection Services			
2.1	Are you satisfied with the inspection services provided by our inspectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Are the inspectors willing to answer your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	If the inspector does not know the answer to your question, does he/she refer you to someone within TP who may be able to help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Are you provided with a copy of the inspection report before the inspector leaves the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Does the inspector take time to review the report and any findings with you prior to leaving the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	If you chose to produce a new product, would you request TP as your third party auditor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	N/A
3.0	Laboratory Services			
3.1	Are you satisfied with the overall testing services provided by our laboratories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Is the laboratory staff courteous and willing to answer questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Are tests performed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Do you feel the reports provide the information needed for you to make an informed decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Are you satisfied with the reporting methods utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.0	Technical Assistance			
4.1	Have you asked for or have you received any technical assistance while dealing with TP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Were you satisfied with the overall assistance you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Do you feel your questions were answered to your understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Were you satisfied with the information provided to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Would you consult with TP for technical assistance in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
