



Aerotest Customer Satisfaction Survey

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|-----------|---|--------------|-----------|
| Date: / / | Aero Engine Test Facilities/ Services & Ground Support Equipment | ATQCSS - 006 | ISS - 001 |
|-----------|---|--------------|-----------|

Customer Satisfaction Survey Objective

Aerotest's commitment to excellence begins with customer relationships and we strive to achieve the optimum outcome.

This satisfaction questionnaire is issued to develop Aerotest's commitment to each customer.

Thank you for taking the time to complete this survey. Your ratings and comments will help us determine how best to improve our products, services and our customer needs in the future.

Customer Information

Customer Details

| | |
|--------------------------------|--|
| Customer Name | |
| Registered Address | |
| Country | |
| Primary Point of Contact (POC) | |
| Phone Number | |
| Mobile Phone Number | |
| Email | |

Aerotest Project/ Product Supplied

| Project/ Product Description | Project/ Part N0 | Serial N0 | Customer Order/ Contract N0 |
|------------------------------|------------------|-----------|-----------------------------|
| | | | |



Customer Satisfaction Survey

Please complete each survey subject by placing an as appropriate

| | Poor | Below Average | Average | Good | Excellent | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Place an <input type="checkbox"/> as appropriate | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 | |
| Project/ Product Quality | | | | | | |
| How do you assess the overall quality of our project/ product? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did this project/ product meet your needs and expectations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |
| If you have any additional comments, experiences, improvements or suggestions about our product, please enter in the right-hand box? | | | | | | |
| Project/ Product Delivery Timescale | | | | | | |
| On-Time Delivery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Packaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |
| If you have any additional comments, experiences, improvements or suggestions about our delivery timescale, please enter in the right-hand box? | | | | | | |
| Communication | | | | | | |
| How do you assess the communication with you from our Sales & Marketing Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you assess the communication with you from our Engineering Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you assess the communication with you from our Commercial Department? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |
| If you have any additional comments, experiences or improvements about our communication, please enter in the right-hand box? | | | | | | |



Customer Satisfaction Survey - Continued

| | Poor | Below Average | Average | Good | Excellent | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Place an <input type="checkbox"/> as appropriate | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 | |
| Overall Satisfaction | | | | | | |
| I am very satisfied with the way Aerotest performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |
| If you have any additional comments, experiences or improvements about your Overall Satisfaction, please enter in the right-hand box?? | | | | | | |
| | Definitely Not | Probably Not | Not Sure | Probably | Definitely | |
| Place an <input type="checkbox"/> as appropriate | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 | |
| Future Business | | | | | | |
| How Likely are you to use Aerotest again? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments | | | | | | |
| If you have additional comments, experiences or improvements about any future business with Aerotest, please enter in the right-hand box? | | | | | | |