

## **GUYANA NATIONAL BUREAU OF STANDARDS**

## CUSTOMER SATISFACTION/FEEDBACK SURVEY

| Demogra  | pnics                                    |            |              |          |                   |           |          |               |                  |    |
|--|--|------------|--------------|----------|-------------------|-----------|----------|---------------|------------------|----|
| What is you  | ur age range                             | ?          |              |          |                   |           |          |               |                  |    |
| O Be   | low 21                                   | $\subset$  | 41- 50       |          |                   |           |          |               |                  |    |
| O 21-  | -30                                      | $\subset$  | 51-60        |          |                   |           |          |               |                  |    |
| 31-  | -40                                      | C          | Over 60      |          |                   |           |          |               |                  |    |
| What is you  | ır gender?                               |            |              |          |                   |           |          |               |                  |    |
| O Ma   | ıle                                      | $\bigcirc$ | Female       |          |                   |           |          |               |                  |    |
| Which Adn  | ninistrative l                           | Region d   | o you belo   | ong to?  |                   |           |          |               |                  |    |
| 1 2  | 3  | 4          | <u>5</u>     | <b>6</b> | 7                 | 8         | 9        | 10            |                  |    |
| Governm  | ne following<br>nent   Imp<br>cessor   O | porter/D   | ealer (      | Retaile  | er ( ) Ma         | rket Ven  | $\cup$   | Ianufacturing | g  Services      |    |
| Service U  | sage                                     |            |              |          |                   |           |          |               |                  |    |
| Which of th  | ne following                             | service/   | s do you u   | ise?     |                   |           |          |               |                  |    |
| Calibratio   | n Testing                                | g O Ver    | rification ( | weighi   | ng and n          | neasuring | instrume | ents) O Prod  | duct Certificati | or |
| Laborator  | y Certificatio                           | on OAu     | iditing (    | Train    | $\log \bigcirc C$ | onsultan  | cy OSta  | andards Deve  | elopment         |    |
| Purchasing   | g of Standar                             | ds OP1     | oduct Co     | mplian   | ce (Good          | s Inspect | ion)     |               |                  |    |
| How often  | do you use t                             | the servi  | ce/s?        |          |                   |           |          |               |                  |    |
| Daily O  | Weekly $\bigcirc$                        | Monthly    | Quan         | rterly   | Annu              | ally O    | Other    | (Ple          | ease Indicate)   |    |
| Does the se  | ervice/s help                            | ed you a   | chieved y    | our goa  | 1]?               |           |          |               |                  |    |
| Yes No   | )  |            |              |          |                   |           |          |               |                  |    |
| How long l   | nave you bee                             | n using t  | the service  | e/s?     |                   |           |          |               |                  |    |
| ) First time   | •  | Ü          |              | •        | years (           | other     | (P       | lease Indicat | e)               |    |
| First time 1-3 years 4-6 years Over 6 years other(Please Indicate) |  |            |              |          |                   |           |          |               |                  |    |

## **Satisfaction Scale**

On a scale of 1-5 rate your experience in conducting business with the GNBS, with 1 being very unsatisfied, 2 being unsatisfied, 3 being satisfied, 4 being very satisfied and 5 being extremely satisfied.

| Customer Service   | 1       | 2    | 3 | 4              | 5       |  |  |  |  |  |
|--|---------|------|---|----------------|---------|--|--|--|--|--|
| Service Provided   | 1       | 2    | 3 | 4              | 5       |  |  |  |  |  |
| Efficiency   | 1       | 2    | 3 | 4              | 5       |  |  |  |  |  |
| Accuracy   | 1       | 2    | 3 | 4              | 5       |  |  |  |  |  |
| Service processing time  | 1       | 2    | 3 | 4              | 5       |  |  |  |  |  |
| Overall Satisfaction   | 1       | 2    | 3 | 4              | (5)     |  |  |  |  |  |
|  |         |      |   |                |         |  |  |  |  |  |
| Feedback   |         |      |   |                |         |  |  |  |  |  |
| Would you recommend the GNBS to others? $\bigcirc$ Yes $\bigcirc$ No, If No why? |         |      |   |                |         |  |  |  |  |  |
| Would you continue to use the GNBS Services?  Yes  No, If No why?                |         |      |   |                |         |  |  |  |  |  |
| Did our Service meet your expectations?  OYes  No, If No why?                    |         |      |   |                |         |  |  |  |  |  |
| How can we improve your experience with the GNBS?                                |         |      |   |                |         |  |  |  |  |  |
| What can our employees do better?  |         |      |   |                |         |  |  |  |  |  |
| Do you have any additional comments or feedback for us?                          |         |      |   |                |         |  |  |  |  |  |
|  |         |      |   |                |         |  |  |  |  |  |
| How did you find out about the GNBS?   |         |      |   |                |         |  |  |  |  |  |
| ○Word of mouth   |         | ram  |   | )<br>Newspaper | YouTube |  |  |  |  |  |
| ○ Facebook   | Televis | sion |   | Radio          | Other   |  |  |  |  |  |

THANK YOU FOR YOUR TIME

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