



# Accreditation Services Customer Survey

OMB No. 0693-0031  
Expires: 2012-02-29

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Vanda White, vanda.white@nist.gov, 301-975-3592.

**Thank you for selecting NVLAP to provide accreditation services to your laboratory. We would appreciate your taking some time to let us know how satisfied you are with your recent accreditation services. Please answer the questions below and return this survey in the postage-paid envelope.**

1. Why did you choose NVLAP for this accreditation?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Regulatory requirement  | <input type="checkbox"/> Reputation / quality of service | <input type="checkbox"/> Previous experience with NVLAP |
| <input type="checkbox"/> Procurement requirement | <input type="checkbox"/> Cost                            | <input type="checkbox"/> Other (please specify) _____   |

2. To what extent did this accreditation experience meet your expectations?

Did not meet expectations	Met some expectations	Met expectations	Exceeded some expectations	Exceeded all expectations
1	2	3	4	5

3. Please rate your satisfaction with each of the following service areas:

- a. Courtesy of NVLAP phone personnel
- b. Ease of application process
- c. Responsiveness of NVLAP program manager
- d. Quality of proficiency testing program (if applicable)
- e. Timely processing of accreditation
- f. Accuracy of certificate and scope of accreditation

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

4. How would you rate the value of NVLAP accreditation relative to its cost?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

5. Based on this specific experience, how likely are you to renew your NVLAP accreditation?

Unlikely	Somewhat unlikely	Neither unlikely nor likely	Somewhat likely	Very likely
1	2	3	4	5

6. Overall, how satisfied are you with this accreditation experience?

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied
1	2	3	4	5

7. How can NVLAP improve its accreditation service to you?

---



---



---



---

8. Please enter the field of accreditation for this transaction:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asbestos PLM       | <input type="checkbox"/> Construction             | <input type="checkbox"/> NTRMs                     |
| <input type="checkbox"/> Asbestos TEM       | <input type="checkbox"/> Cryptographic & Security | <input type="checkbox"/> Personal Body Armor       |
| <input type="checkbox"/> Acoustics          | <input type="checkbox"/> Dosimetry                | <input type="checkbox"/> Radiation Detection Inst. |
| <input type="checkbox"/> Biometrics Testing | <input type="checkbox"/> Electric Motors          | <input type="checkbox"/> Thermal Insulation        |
| <input type="checkbox"/> Calibration        | <input type="checkbox"/> Elec. Com. & Telecom.    | <input type="checkbox"/> Voting                    |
| <input type="checkbox"/> Carpet & Cushion   | <input type="checkbox"/> Energy Eff. Lighting     | <input type="checkbox"/> Wood Based Products       |
| <input type="checkbox"/> Common Criteria    | <input type="checkbox"/> Fasteners & Metals       |  |

9. The following information is optional:

Laboratory Name: \_\_\_\_\_

NVLAP Lab Code: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR RESPONSE. YOUR EVALUATION WILL MAKE A DIFFERENCE.**