

## POST CONSTRUCTION O&M SURVEY

**Sponsored By:**  
**The Division of Sanitation Facilities Construction (DSFC)**  
 The Sanitation Facilities Construction Program of the Indian Health Service (IHS)

### DSFC Customer Service

*Customer service is the theme that guides our efforts to serve you. Our service mission is the cooperative development and continuing operation of safe water, wastewater, and solid waste systems. We are committed to improving our services by listening to you. In addition, we are committed to listening to our field staff and their views on customer service. Through a strong culture of customer service, we will achieve our mission. Service is the spirit of IHS SFC.*

Circle the number that indicates your degree of satisfaction as described below:

- 1 = Not at all Satisfied
- 2 = Not Satisfied
- 3 = No Opinion (Neutral)
- 4 = Satisfied
- 5 = Extremely Satisfied
- N/A = Not Applicable

	Not at all Satisfied				Extremely Satisfied	
1. Your input was considered during the project concept stage	1	2	3	4	5	N/A
2. Time required to complete IHS project design	1	2	3	4	5	N/A
3. Time required to complete project construction	1	2	3	4	5	N/A
4. Timeliness and quality of IHS project closeout						
A. Provided as-built drawings	1	2	3	4	5	N/A
B. Provided O&M manuals	1	2	3	4	5	N/A
C. Provided necessary training in the operation of the system	1	2	3	4	5	N/A
D. Provided necessary spare parts	1	2	3	4	5	N/A
E. Provided necessary safety equipment	1	2	3	4	5	N/A
F. Provided necessary testing equipment	1	2	3	4	5	N/A
5. Amount of communication/coordination you received from IHS staff during this project	1	2	3	4	5	N/A
6. Courtesy of staff	1	2	3	4	5	N/A
7. Expertise provided by IHS staff on the project	1	2	3	4	5	N/A
8. Responsiveness of IHS staff to your information requests	1	2	3	4	5	N/A
9. Satisfaction with overall operator(s) training needs	1	2	3	4	5	N/A
10. Overall satisfaction with service received	1	2	3	4	5	N/A
11. What can we do to improve our services in the future?						

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NAME OF RESPONDENT (optional): \_\_\_\_\_ Date: \_\_\_\_\_

TRIBE: \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036-20. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

