|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: NVLAP Chief, nvlap@nist.gov, 301-975-4016. | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | |
|  | | Regulatory requirement  Procurement requirement | | | | Reputation / quality of service  Cost | | | | Previous experience with NVLAP  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: | | | | **Poor** | | | **Fair** | | **Good** | | **Very Good** | **Excellent** |
|  | a. Courtesy of NVLAP phone personnel | | | 1 | | | 2 | | 3 | | 4 | 5 |
|  | b. Ease of application process | | | 1 | | | 2 | | 3 | | 4 | 5 |
|  | c. Responsiveness of NVLAP program  manager | | | 1 | | | 2 | | 3 | | 4 | 5 |
|  | d. Quality of proficiency testing program  (if applicable) | | | 1 | | | 2 | | 3 | | 4 | 5 |
|  | e. Timely processing of accreditation | | | 1 | | | 2 | | 3 | | 4 | 5 |
|  | f. Accuracy of certificate and scope of  accreditation | | | 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: | | | | | | | | **9.** The following information is optional:  Laboratory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NVLAP Lab Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Acoustics  Asbestos  Biometrics Testing  Calibration  Carpet & Cushion  Common Criteria  Construction | | | Cryptographic & Security  Dosimetry  Electric Motors  Elec. Com. & Telecom.  Energy Eff. Lighting  Fasteners & Metals | | Healthcare IT  Personal Body Armor  Radiation Detection Inst.  Thermal Insulation  Voting  Wood Based Products | | |