#### Welcome to the NIST SRM Product Survey

# This survey allows you to rate your purchased SRM product(s), as well as any technical assistance provided. Click "Continue" to start the NIST SRM Product Survey.

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National Institute of Standards and Technology
Attn: Tracy Hayat
Office of Reference Materials
100 Bureau Drive, Stop 2300
Gaithersburg, MD 20899-2300
Tel: 301-975-2092 E-mail: tracy.hayat@nist.gov

#### \*\*Disclaimer\*\*

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OMB Control No.: 0693-0031 OMB Expiration Date: May 31, 2018

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It is not required to identify yourself by name or organization in the survey. However, providing customer information will allow us to contact you and respond to any problems, issues or comments you submit. We review all surveys and when possible, follow up on any Fair or Poor ratings.

| * Remain anonymous? (Fields with an asterisk are required.) |  |
|-------------------------------------------------------------|--|
| Yes. I would like to remain anonymous.                      |  |
| No. I will provide my information.                          |  |
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## **Customer Information**

| * Customer Information (Fields with an asterisk are required.)  * First Name:  * Surname:  * Organization/Company:  * Address:  Address:  Address (continued):  * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)    Phone   Fax   Email  Phone Number (Field should only contain digits, spaces or dashes.) |                         |                                             |       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|-------|--|
| * Surname:  * Organization/Company:  * Address:  Address (continued):  * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can b selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                               | * Customer Information  | (Fields with an asterisk are required.)     |       |  |
| * Organization/Company:  * Address:  Address (continued):  * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)    Phone                                                                                                                                                                                        | * First Name:           |                                             |       |  |
| * Address:  Address (continued):  * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can b selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                    | * Surname:              |                                             |       |  |
| Address (continued):  * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                               | * Organization/Company: |                                             |       |  |
| * City:  * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                     | * Address:              |                                             |       |  |
| * State/Province:  Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                              | Address (continued):    |                                             |       |  |
| Postal Code:  * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                                                 | * City:                 |                                             |       |  |
| * Country:  Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                                                               | * State/Province:       |                                             |       |  |
| Best Contact Method? (When selecting any of the options, ensure the information below is complete. More than one can be selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                                                                           | Postal Code:            |                                             |       |  |
| Selected.)  Phone Fax Email  Phone Number (Field should only contain digits, spaces or dashes.)  Fax Number (Field should only contain digits, spaces or dashes.)                                                                                                                                                                                                                                                                                   | * Country:              |                                             |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                             | Email |  |
| Email address (Field should contain an @ symbol and a period.)                                                                                                                                                                                                                                                                                                                                                                                      | Fax Number (Field shou  | uld only contain digits, spaces or dashes.) |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email address (Field sh | nould contain an @ symbol and a period.)    |       |  |
| Purchase Information:                                                                                                                                                                                                                                                                                                                                                                                                                               | <sup>P</sup> urchase In | formation:                                  |       |  |
| NIST Sales Order Number                                                                                                                                                                                                                                                                                                                                                                                                                             | NIST Sales Order Nu     | mber                                        |       |  |
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## NIST SRM Purchase Information

| SRM Number:                      |                 |             |       |  |  |
|----------------------------------|-----------------|-------------|-------|--|--|
| _ot Number (if available):       |                 |             |       |  |  |
| Gerial Number (if<br>available): |                 |             |       |  |  |
| What is the intended             | l use of this S | SRM to your | work? |  |  |
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# NIST Standard Reference Material (SRM) Product Survey **SRM Rating** Please rate the following: Excellent Very Good Good Fair Not Applicable Poor SRM Certificate or Report of Investigation information SRM Safety Data Sheet or SRM Exemption Letter information Overall SRM quality Overall SRM value Let us know why any score was "Fair" or "Poor" below. Would you purchase this NIST SRM again? Yes If "No", please explain. Other comments?

# Potential Technical Issues Did you contact NIST regarding any technical issues with this SRM? Yes No

# **Technical Assistance** Was your technical issue resolved? Yes No If "No", please explain. Please rate the following: Excellent Very Good Good Fair Poor Not Applicable Timeliness of the NIST technical staff in response to your inquiry or request Quality of information provided in response to your request or inquiry Overall customer service experience Let us know why any score was "Fair" or "Poor" below. How can the NIST technical staff improve their service?