### 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.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0031. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 7 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the following:

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

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

You are accessing a U.S. Government information system, which includes: 1) this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; at any time and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OMB Control No.: 0693-0031 OMB Expiration Date: June 30, 2021

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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.	

# **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:			
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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 available):					
What is the intended	l use of this S	SRM to your	work?		

# 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?