



Accreditation Services Customer Survey

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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 via email to NVLAP@nist.gov, or by mail to NIST/NVLAP, 100 Bureau Drive, MS 2140, Gaithersburg, MD 20899-2140.

1. Why did you choose NVLAP for this accreditation?

- | | | |
|-------------------------|---------------------------------|--------------------------------|
| Regulatory requirement | Reputation / quality of service | Previous experience with NVLAP |
| Procurement requirement | Cost | 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

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 (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)

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

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (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

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

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied

7. How can NVLAP improve its accreditation service to you? *(Attach additional pages if needed.)*

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

- | | | |
|--------------------|-----------------------|---------------------------|
| Acoustics | Cryptographic & Sec. | Healthcare IT |
| Asbestos | Dosimetry | Personal Body Armor |
| Biometrics Testing | Electric Motors | Radiation Detection Inst. |
| Calibration | Elec. Com. & Telecom. | Thermal Insulation |
| Carpet & Cushion | Energy Eff. Lighting | Voting |
| Common Criteria | Fasteners & Metals | Wood Based Products |
| Construction | Fed. Warfare Systems | |

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.