



CUSTOMER APPRAISAL FORM

|  |                              |                    |  |
|--|------------------------------|--------------------|--|
| <b>Customer Name</b>                         |                              |                    |  |
| <b>Customer Representative</b>               |                              | <b>Designation</b> |  |
| <b>Project/Contract/Service &amp; Ref No</b> |                              |                    |  |
| <b>Type of Service</b>                       | <b>Environmental Service</b> |                    |  |

|      |  |          |  |          |  |
|------|--|----------|--|----------|--|
| Date |  | Location |  | Division |  |
|------|--|----------|--|----------|--|

Please tick (4) the appropriate block ('10' indicates highest level of satisfaction and '1' indicates lowest level of satisfaction).

**A) QUALITY**

|                               |    |   |   |   |   |   |   |   |   |   |
|-------------------------------|----|---|---|---|---|---|---|---|---|---|
| (a) Service Execution         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (b) Consistency in Quality    | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (c) Service Performance       | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (d) Client /Customer relation | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (e) Inspection, Testing       | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

**B) DELIVERY**

|   |    |   |   |   |   |   |   |   |   |   |
|---|----|---|---|---|---|---|---|---|---|---|
| (a) On time Service Delivery                        | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (b) Adjusting in delivery schedules                 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (c) Response to meet exigencies/urgent requirements | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

**C) HSE**

|  |    |   |   |   |   |   |   |   |   |   |
|--|----|---|---|---|---|---|---|---|---|---|
| (a) Meeting HSE requirement in area of service | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|--|----|---|---|---|---|---|---|---|---|---|

**D) SERVICE**

|   |    |   |   |   |   |   |   |   |   |   |
|---|----|---|---|---|---|---|---|---|---|---|
| (a) Resolution of your complaints             | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (b) Our response to your special requirements | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (d) Our Service Range                         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (e) Time taken for completing your service    | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| (c) Our response to your communication        | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

**YOUR VALUABLE SUGGESTIONS FOR IMPROVEMENT (On specific issue, please)**

|                                  |
|----------------------------------|
|                                  |
| Any Additional Service required: |

Customer Name:

Signature, Date & Stamp:

Note: (i) If require, attach additional sheets

|                  |  |
|------------------|--|
| <b>Reference</b> |  |
| <b>Customer</b>  |  |



مقشن لخدمات النفط والغاز ش.م.ع.م.  
**MAQSHAN OIL & GAS SERVICES SAOC**

**CUSTOMER APPRAISAL FORM**

| SI No | Customer Satisfaction Survey Elements           | Possible Weightage | Actual Weightage | Remarks |
|-------|---|--------------------|------------------|---------|
| 1     | Service Execution                               | 10                 |                  |         |
| 2     | Consistency in Quality                          | 10                 |                  |         |
| 3     | Service Performance                             | 10                 |                  |         |
| 4     | Client /Customer relation                       | 10                 |                  |         |
| 5     | Inspection, Testing & Commissioning             | 10                 |                  |         |
| 6     | On time Service Delivery                        | 10                 |                  |         |
| 7     | Adjusting in Delivery Schedule                  | 10                 |                  |         |
| 8     | Response to meet exigencies/urgent requirements | 10                 |                  |         |
| 9     | Meeting HSE requirement in area of service      | 10                 |                  |         |
| 10    | Resolution of your complaints                   | 10                 |                  |         |
| 11    | Our response to your special requirements       | 10                 |                  |         |
| 12    | Our Service Range                               | 10                 |                  |         |
| 13    | Time taken for completing your service          | 10                 |                  |         |
| 14    | Our response to your communication              | 10                 |                  |         |
|       | <b>TOTAL</b>                                    | <b>140</b>         |                  |         |

$$\text{Customer Satisfaction Index} = \frac{\text{Actual Weightage}}{\text{Possible Weightage}} \times 100$$

=

**GUIDANCE FOR ACTION**

- 100-91 : Know the Customer Expectation**
- 90-81 : Identify Areas for Improvement**
- 80-71 : Identify dissatisfaction and initiate action to eliminate dissatisfaction**
- 70-61 : Understand customer requirement properly**