



Customer Satisfaction Survey

Date: _____

Port: _____

Vessel: _____

Agent: _____

Are you satisfied with

Item	Description	Answer				
		Yes	No			
1	Was the service provider's appearance satisfactory (PPE, Neatness, etc)	Yes	No			
2	Was the waste team's behaviour satisfactory and was your questions and concerns addressed	Yes	No			
3	Did our waste team provide you with clear and straightforward guidance and explanations	Yes	No			
4	Did the waste team observe your Company Rules and Procedures	Yes	No			
5	Was the level of professionalism and communication satisfactory	Yes	No			
6	Was the service completed timeously	Yes	No			
7	Was the equipment and connections to standard and no leaks and spills observed	Yes	No			
8	Was our house keeping Satisfactory	Yes	No			
9	Did our service meet your expectations and will you recommend us to other clients	Yes	No			
10	How would you rate our service (1 Being Poor; 3 Average; 4 Good & 5 Excellent)	1	2	3	4	5

Additional comments

 Chief Officer

 Safety Officer