**MEDICAL EQUIPMENT CUSTOMER SERVICE EVALUATION**

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| **Please complete the following evaluation to assist in evaluating the** **(Name of MTF’s) Medical Equipment Management Program*****5 = very satisfied 4 = satisfied 3 = fairly satisfied 2 = poor 1 = very poor*****1 2 3 4 5 Ease of contacting the Medical Maintenance Branch****1 2 3 4 5 Prompt response to service requests****1 2 3 4 5 Timely completion of equipment maintenance****1 2 3 4 5 Effective communication on the status of equipment requiring service****1 2 3 4 5 Technical competence of medical equipment repairers****1 2 3 4 5 In-service training provided on equipment user maintenance requirements****1 2 3 4 5 Support received from Chief, Medical Maintenance Branch****1 2 3 4 5 Assistance with selection of new or replacement equipment items****1 2 3 4 5 Professionalism of the staff****1 2 3 4 5 The overall effectiveness of the Medical Equipment Program in meeting your needs****Other Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Department:****Date:****Name(s) of medical equipment repairer:**  |
| ***THANK YOU!*****Please drop off at the customer service drop off at the Logistics Department.** |