

FEEDBACK REPORT

(To be filled by customers only)

Company Name:

Company Representatives Name:

Make & Model of Machine Tested:

Type of Test Carried out:

Date of Commencement of Test:

Date of Completion of Test:

Assessment Criteria	Grade				
	E	V	G	F	P
Service Delivery					
Compliance with BIS/OECD Requirements					
Complaint Reddressal					
Testing Infrastructure					
Participation & Cooperation					

Note: Please indicate the grade along with percentage

E= Exceptional (80% & above), V= Very Good (70-79%), G= Good (60-69%), F= Fair (50-59%), P= Poor (below 50%)

Remarks / Suggestions if any:- _____

Date:

Sign of Co. Rep