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|  | Philippine Accreditation Bureau Laboratory Accreditation Form Customer's Feedback Form | Document ID | LA/SF18 |
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| | | Page | 1 of 1 |

| | | |
|--------------------|---|--|
| Name of CAB | : | |
| Program | : | |
| Type of Assessment | : | |
| Date of Assessment | : | |

The Philippine Accreditation Bureau (PAB) would like to serve its customers better every time. We appreciate your feedback regarding the PAB services.

Please check the number corresponding your rating: 5-excellent, 4-very good, 3-good, 2-fair, 1-poor

| CRITERIA | | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|---|---|---|---|---|
| 1. Arrangement of the visit | | | | | | |
| 2. Timeliness | | | | | | |
| 3. Professionalism | | | | | | |
| 4. Courtesy of personnel | | | | | | |
| 5. Adequateness of assessment procedure (duration, cooperation, flow of information) | | | | | | |
| 6. Competence of assessor/expert | | | | | | |
| Name of the Assessor/s | Assessment Role | | | | | |
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COMMENTS AND SUGGESTIONS

You may also give us your suggestion(s)/comment(s) thru e-mail at pab@dti.gov.ph or fax at (632) 751-3262.

| | | |
|-----------------|---|--|
| Accomplished by | : | |
| Position | : | |
| Date | : | |

THANK YOU