



CONCEPT MACHINE TOOL SALES, INC.

15625 MEDINA ROAD * MINNEAPOLIS, MN 55447 * (763)559-1975 FAX: (763)553-7704 * www.conceptmachine.com

SERVICE SURVEY

Please select one

Excellent Above Average Average Below Average Poor

Please rate our telephone technical staff:

TECHNICAL TELEPHONE SUPPORT STAFF	Promptness/Responsiveness to your call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Courtesy/Professionalism of Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Knowledge of Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prevention Advice/Information Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:					

Please rate the availability of parts and information regarding your equipment:

Excellent Above Average Average Below Average Poor

PARTS REQUESTS	Mechanical Spare Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical Spare Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manuals & Technical Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delivery of the Parts you Require	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:					

Please rate our field service work and personnel:

Excellent Above Average Average Below Average Poor

FIELD SERVICE WORK	Courtesy/Professionalism of Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Technical Skills and Product Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to Meet your Scheduling Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to Resolve Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:					

Please rate your overall satisfaction with the following:

Excellent Above Average Average Below Average Poor

OVERALL SATISFACTION	Satisfaction with Parts Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Satisfaction with Technical Telephone Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Satisfaction with Field Service Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select any additional services that you may be interested in:

ADDITIONAL SERVICE INTERESTS	Application Testing & Evaluation	<input type="checkbox"/>	Maintenance & Operator Training	<input type="checkbox"/>
	Component Repair	<input type="checkbox"/>	Service Agreements	<input type="checkbox"/>
	Planned Maintenance	<input type="checkbox"/>	Equipment Upgrades	<input type="checkbox"/>
	Additional Service Not Listed:	_____		

Your input and information is to help us become a better partner to you.		
<small>Any information provided will be kept strictly confidential.</small>		
	Yes	No
Do you perform annual audits to evaluate the condition of your equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a record of your machinery maintenance and service work?	<input type="checkbox"/>	<input type="checkbox"/>
Does your maintenance staff perform your preventative maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
How many machines do you have at this location?		
What product quality certification do you have? _____		
How many hours per week do you normally schedule for production?		
<input type="checkbox"/> 20-40 <input type="checkbox"/> 40-60 <input type="checkbox"/> 60-80 <input type="checkbox"/> 80-100 <input type="checkbox"/> 100-120 <input type="checkbox"/> 120+		
How often do you perform preventative maintenance on your equipment?		
<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annual <input type="checkbox"/> other (specify) _____		
Would after hours emergency response support be of interest to your company?	<input type="checkbox"/>	<input type="checkbox"/>

Final Question:

Are there specific things Concept could do or provide to create a better service relationship with your company?

(If you prefer, please call Joe McGlynn at the number below to discuss your response)

Company: _____

Contact: _____

Address 1: _____

Address 2: _____

Thank you for taking time out of your busy schedule to complete this survey.

Please fax or mail completed survey to:
Concept Machine Tool Sales, Inc.
 Joe McGlynn, Service Manager
 15625 Medina Road, Minneapolis, MN 55447
 P: 763-559-1975 F: 763-553-7704

E-mail: joem@conceptmachine.com Web: www.conceptmachine.com