



CUSTOMER SURVEY - INITIAL

1 EFCO DELIVERY

OVERALL, how would you rate your satisfaction with the delivery of your EFCO equipment?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A.) Did the delivery date of your EFCO equipment meet your needs?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

B.) Was the delivery of your EFCO equipment complete and accurate?

YES (SKIP TO "C")	NO (CONTINUE)
<input type="checkbox"/>	<input type="checkbox"/>

1.) If NO, what was missing or incorrect? _____

2.) Was it corrected to your satisfaction? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

C.) The quality and courtesy of the carrier and driver delivering your equipment.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D.) The manner in which the EFCO equipment was packaged and loaded.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments on your **DELIVERY** experience: _____

2 EFCO SUPPORT MATERIALS

OVERALL, how would you rate your satisfaction with the EFCO Engineering support materials provided for your project?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

A.) The accuracy of the EFCO Engineering erection drawings provided for your project.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.) The thoroughness of the EFCO Engineering erection drawings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C.) The clarity and ease-of-reading of the EFCO erection drawings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D.) The amount of information included on the EFCO erection drawings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E.) The quality of the Engineering drawings provided by EFCO.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments on your **SUPPORT MATERIALS** experience: _____

3 EFCO JOBSITE SERVICE

A.) Have you had a visit from an EFCO Field Supervisor?

YES (CONTINUE)

NO (SKIP TO #4)

OVERALL, how would you rate your satisfaction with the jobsite service provided by EFCO to date?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

B.) The service provided by the EFCO Field Supervisor.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C.) The impact that the EFCO Field Supervisor had on the productivity of your concrete forming crew.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **JOBSITE SERVICE** experience: _____

4 EFCO INITIAL EQUIPMENT EXPERIENCE

OVERALL, how would you rate your satisfaction with the EFCO equipment used at your jobsite to date?

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RATE:

A.) The quality of the EFCO equipment delivered to your project.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B.) The ease of assembling your EFCO equipment.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C.) The performance of your EFCO equipment to date on your project.

NA	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on your **INITIAL EFCO EQUIPMENT** experience: _____

5 FORMWORK OPTIONS

What **OTHER** forming systems did you consider for this project? (please specify): _____

6 FORMWORK CHOICE

Why did you **CHOOSE EFCO** for this project? (please specify): _____

THANK YOU for your valuable time in completing this survey and for using EFCO products.

Signature: _____ Print Name: _____

Date of Completion: _____

7 GET YOUR EFCO GEAR

YES, please send me an **EFCO SUPER STUD T-SHIRT**. Please select your size.

SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>