**FOOD STORAGE & PREVENTION OF INFESTATION DIVISION**

**MINISTRY OF INDUSTRY, INVESTMENT & COMMERCE**

**QUALITY OF SERVICE SURVEY FOR F.S.P.I.D. CUSTOMERS**

**What type of service(s) did you receive from the FSPID during 20\_\_***? Please check all that apply.*

## Inspection/sampling 4. Laboratory analyses/research

## Disinfestation (e.g. fumigation, spraying, rodent baiting) 5. Training/lecture

## Consultation 6. Participation in an exhibition

**Your location (Parish/Town):**

**Type of establishment**

1. Warehouse 4. Supermarket 7. Hotel
2. Processing plant 5. Wholesale 8. Bakery
3. Distributor 6. Restaurant 9. Other

**QUALITY SCALE**

**1 = far below required level (Unsatisfactory)**

**2 = below required level (Fair)**

**3 = meets required level (Good)**

**4 = exceeds required level (Very Good)**

**5 = far exceeds required level (Excellent)**

**In the table below, please insert a level from the quality scale above (from 1-5) that best fits your opinion of FSPID’s quality of service during the year 20--. This survey will take approximately five minutes to be completed. Do not write your name or organization on this form. Please feel free to make comments in the remarks section.**

|  |  |  |
| --- | --- | --- |
| **KEY SERVICES** | **SCALE OF 1-5** | **REMARKS** |
| **1. Timeliness of response or processing of request** |  |  |
| **2. Quality of service provided** |  |  |
| **3. Level of courtesy, professionalism and respect displayed** |  |  |
| **4. General quality of customer service** |  |  |
| **5. Please share any other comments and/or tell us how we can serve you better** | | |

**The FSPID appreciates the time you spent in participating in this survey.**

**Thank you for helping us to serve you better.**