



Customer Satisfaction Survey

Your opinion counts with Keir Surgical. We want to make sure you are getting the service you need and expect from us. Please take a few minutes and complete this survey to let us know how we are doing.

Please note that unless otherwise specified, your information and answers will remain confidential.

Name: _____ Facility: _____
 Title: _____ Email: _____

Please choose the following statement that most closely describes your current situation:

- I buy only products on contract with Keir Surgical.
- I buy products on contract and some non-contract products from Keir Surgical.
- I buy most products from Keir Surgical.
- I buy most products from other suppliers.

Strongly Agree
Neutral or N/A
Strongly Disagree

1
2
3
4
5

Please rate your satisfaction with each of the following statements.

Customer Service

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My requests for information are answered in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My orders are filled quickly and without errors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My shipments are received complete and in a timely manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Overall, I am satisfied with Keir Surgical's Customer Service. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Additional Comments:

Product Quality and Knowledge

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. I am comfortable going to Keir Surgical with questions about instrumentation or sterile processing products. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I am satisfied with the quality of instruments Keir Surgical provides. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I am satisfied with the value of the instruments Keir Surgical provides. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Keir Surgical provides me with adequate instructions for use and sterilization for the products provided. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Additional Comments:



Strongly Agree Neutral or N/A Strongly Disagree

1 2 3 4 5

Representation

Who is your Territory Manager?

Unknown

11. My Territory Manager is knowledgeable and professional.

12. My Territory Manager responds to my inquiries in a timely manner.

13. I am satisfied with the frequency of my Territory Manager's visits to my hospital.

14. Overall, I am satisfied with my Territory Manager.

15. Additional Comments:

16. As a result of your experience with Keir Surgical, what improvements can you recommend?

17. Are there other products you would like Keir Surgical to offer? Please specify.

It is OK to contact me regarding my answers to this survey.

It is not OK to contact me regarding my answers to this survey.

Thank you for taking the time to complete this survey. We look forward to receiving your comments and suggestions.

The form data will be attached to a new email message. Simply click send.

or

The survey may also be faxed or mailed back to Keir Surgical

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