



# 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"/> |
| 2. My orders are filled quickly and without errors.               | <input type="radio"/> |
| 3. My shipments are received complete and in a timely manner.     | <input type="radio"/> |
| 4. Overall, I am satisfied with Keir Surgical's Customer Service. | <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"/> |
| 7. I am satisfied with the quality of instruments Keir Surgical provides.                                       | <input type="radio"/> |
| 8. I am satisfied with the value of the instruments Keir Surgical provides.                                     | <input type="radio"/> |
| 9. Keir Surgical provides me with adequate instructions for use and sterilization for the products provided.    | <input type="radio"/> |

10. Additional Comments:



Strongly Agree  
 1    2    3    4    5  
 Neutral or N/A  
 Strongly Disagree

### 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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