



CUSTOMER FEEDBACK FORM

Vessel Name : *TAI STAMINA*
 Date : *10.02.2022*
 Diving Location : *Koh Si chong anchorage*

Scope of Work:
Full Hull opening and Propeller polishing

1 = Poor.....5 = Excellent

1 2 3 4 5 n/a

Are you satisfied with the services provided by our dive team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you received proactive and on time updates from our office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did we deliver the services or/and supplied goods timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How do you rate our technicians' knowledge related to job made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did our team apply appropriate Health, Safety & Environmental precautions during the services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has your equipment been returned to you in appropriate condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the overall quality of services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Would you recommend "MaxiDive " to other persons / companies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other comments/suggestions for improvement

★ Customer Feedback Form must be delivered back to the MAXIDIVE CO., Ltd office and reviewed by management in seven working days from the date of job finished.

Officer in Charge name:
 Rank: *CHEN XIN CHUN*
 Signature: *[Signature]*
 Date / Time: *10 Feb 2022 RECEIVED ONLY*

Diving Supervisor
VALERII VEDERNIKOV
 Signature: *[Signature]*
 Date / Time: *10.02.2022*

