

# Quality Scale Survey

Name: \_\_\_\_\_

Age \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Description or Identificaiotn of Survey Item	Scale				
	Poor		Good		Excellent
	1	2	3	4	5

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_