

SAFETY F1rst

A Division of BHS for a

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SUBSTANCE **A**BUSE **F**REE **E**NVIRONMENT

Safety F1rst Satisfaction Survey

Company Name:

Contact Person:

Phone Number:

Date:

On a scale of 1 to 5 (1=Not Satisfied; 5=Very Satisfied), please rank the following:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Timeliness and courtesy with which calls to SF are handled | 1 | 2 | 3 | 4 | 5 |
| 2. Professionalism of SF staff (courtesy and attentiveness) | 1 | 2 | 3 | 4 | 5 |
| 3. Results delivery | 1 | 2 | 3 | 4 | 5 |
| 4. Accuracy of monthly invoices | 1 | 2 | 3 | 4 | 5 |
| 5. Collection site(s) | 1 | 2 | 3 | 4 | 5 |
| 6. Testing laboratories | 1 | 2 | 3 | 4 | 5 |
| 7. Overall satisfaction with SF | 1 | 2 | 3 | 4 | 5 |
| 8. Knowledge/professionalism of the medical review officer | 1 | 2 | 3 | 4 | 5 |

Please list MRO's name:

9. Would you recommend Safety F1rst to another company?

10. Additional comments/suggestions:



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