



A T M E
College of Engineering

ATME College of Engineering

(MECHANICAL LABORATORY)

Format No: ATME/LAB /FM/13

LABORATORY PERFORMANCE FEED BACK

Please help us to improve

NAME OF CUSTOMER:

ADDRESS:

PARAMETERS (√ as appropriate)	EXCELLENT		GOOD		AVERAGE		NOT SATISFACTORY			
	10	09	08	07	06	05	04	03	02	01
TEST FACILITY										
TEST PERFORMANCE										
RESPONSE OF LAB STAFFS										
TIMELY DELIVERT OF TEST REPORT										
SAFETY & HOUSEKEEPING										
SUGGESTION (IF ANY):										

SIGNATURE OF CUSTOMER:

DATE:

ACTION TAKEN BY THE LABORATORY:

SIGNATURE OF THE QUALITY MANAGER

EVALUATION BY LABORATORY:

TOTAL MARKS:	50	MARKS OBTAINED	
MINIMUM REQUIREMENT %	70%	OBTAINED % :	

REVIEWED BY TM:

DATE: