

ATTACHMENT NO. 002

**CUSTOMER SATISFACTION SURVEY (PAGE 1 OF 2)**

**Title:** Installation of NAVAIDS Facilities at the New St. George, Utah Airport  
**RFO#** DTFANM-10-R-00090

**SECTION 1 -- TO BE COMPLETED BY THE OFFEROR AND PROVIDED TO THE CUSTOMER REFERENCE**

**Name of Firm Being Evaluated:** \_\_\_\_\_

**Project Title & Location:** \_\_\_\_\_

**Project Dollar Value:** \_\_\_\_\_

**Year Completed:** \_\_\_\_\_ **Project Manager:** \_\_\_\_\_

**SECTION 2 -- TO BE COMPLETED BY THE CUSTOMER REFERENCE AND MAILED, HAND-DELIVERED OR FAXED DIRECTLY TO:** Forms submitted by other than the customer (i.e., by the offeror), will not be considered.

Mail: \_\_\_\_\_ or Email: [Angela.Mihalek@faa.gov](mailto:Angela.Mihalek@faa.gov) or Fax: (425) 227-1055

Federal Aviation Administration  
 ATTN: Angela Mihalek  
 1601 Lind Ave SW  
 Renton, WA 98057

OVERVIEW: The firm shown above has submitted a proposal on a Federal Aviation Administration solicitation and provided your name as a customer reference. Part of our evaluation process requires information on the firm's past performance. Your input is important to us and responses are required by **MAY 27, 2010 at 4:00 PM Pacific Daylight Time (PDT)** for inclusion in this evaluation. Your assistance is greatly appreciated.

In blocks below, please indicate your overall level of satisfaction with work performed by the firm shown in Section 1. Mark *Not Applicable* (N/A) for any areas that do not apply. Provide any additional comments on page 2.

	On this project, the firm:	Satisfaction				
		Low		High	N/A	
1.	Kept You Informed & Treated You as Important Member of the Team	1	2	3	4	5 N/A
2.	Displayed Flexibility in Responding to Your Needs	1	2	3	4	5 N/A
3.	Displayed Initiative in Problem Solving	1	2	3	4	5 N/A
4.	Resolved Your Concerns	1	2	3	4	5 N/A
5.	Completed Your Project Milestones on Time	1	2	3	4	5 N/A
6.	Managed the Project Effectively (including adequate Cost Controls)	1	2	3	4	5 N/A
7.	Managed their Work Force Effectively (including Subcontractors)	1	2	3	4	5 N/A
8.	Maintained an Effective Quality Control Program	1	2	3	4	5 N/A
9.	Provided Warranty Support	1	2	3	4	5 N/A
10.	Maintained Operational Continuity at Existing Facility During Project	1	2	3	4	5 N/A
11.	Minimized Adverse Construction Impacts on Ongoing Operations	1	2	3	4	5 N/A
12.	<b>Your OVERALL Level of Customer Satisfaction</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 N/A</b>
13.	Was payment withheld or liquidated damages assessed? (If yes, please describe below).	Yes.....No.....N/A				

**CUSTOMER SATISFACTION SURVEY (PAGE 2 OF 2)**

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14. **REMARKS: (Discuss strengths and weaknesses of the firm)**

**Your Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Relationship to this Project:** \_\_\_\_\_