



## TJ AUTOMATION INC. QUALITY SCALE SURVEY

Company:	
Name:	Date:
Title:	
Machine part #:	
Purchase Order #:	

**For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale below to select the quality number.**

Form# CF-08-01

Revision A 09/08/2008

Description/ Identification of Survey Item	Scale				
	P O O R	Good			E x c e l l e n t
1. Overall appearance of machine.	1	2	3	4	5
2. Overall impression of TJ Automation.	1	2	3	4	5
3. Machine meets required cycle time.	1	2	3	4	5
4. Operating procedures of machine explained.	1	2	3	4	5
5. Meet deadline/Due date.	1	2	3	4	5
6. Impression/Helpfulness of employees.	1	2	3	4	5
7. Part form to the gage.	1	2	3	4	5
8. Overall impression of part. (Tooling marks)	1	2	3	4	5

**Please take time to answer the following questions.**

1. How did you hear about TJ automation?

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2. What would be helpful in the future?

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3. Is there anything that you would change with our products?

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4. Other comments

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