



FAB Work Order Control System Survey

FWOCS Work Order: _____

Job Order: _____

Job Title: _____

Estimate Hours: _____

Actual Hours: _____

Program: _____

Spons Orgcode: _____

FAB Orgcode: _____

Product Line: _____

Requester: _____

Close Date: _____

Work Description

Scale: NA-Not Applicable, 1-Strongly Disagree, 2-Disagree, 3-Neither Disagree Nor Agree, 4-Agree, 5-Strongly Agree

	NA	1	2	3	4	5
1. The research team (you & the Fab technicians) concept was utilized in meeting the objective, i.e. value added input by the Fab technicians.	<input type="radio"/>					
2. If applicable, changes to the original request were easily made.	<input type="radio"/>					
3. Alternative methods in accomplishing your request were offered.	<input type="radio"/>					
4. Given a choice, I would return to Fabrication for this service.	<input type="radio"/>					
5. The cost of the service was compensatory with product received.	<input type="radio"/>					
6. The work was completed on or before the requested date.	<input type="radio"/>					

Comments:

Overall, how would you rate the service and/or how may we improve?

