



CUSTOMER FEEDBACK FORM

MMS-SPR-QP04-F03
(Maritime Services Division)
Revision: 1.2 – 19 July 2021

Feedback Reference Number: _____

CUSTOMER FEEDBACK FORM

MMS Management is committed to ensure effective Quality Management System is being implemented to our services that we provide in order to meet Customer's requirement and satisfaction.
Hence, appreciate your kind feedback to assist us to improve better.

Company/ Vessel's : _____
Date : _____

To be filled in by the Customer:
Please rate us based on survey below.

	Did not meet expectation	Below average / expectation	Average / Meet expectation	Good / Above expectation	Excellent
Inspection/ Audit					
The objective of inspection/ audit is clearly explained	1	2	3	4	5
Treated with respect, courtesy, and in a professional manner	1	2	3	4	5
Safety awareness is reflected throughout inspection/audit	1	2	3	4	5
Effective communication between inspector and ship/shore personnel	1	2	3	4	5
The observations/ findings are discussed and clearly explained	1	2	3	4	5
Inspection/ audit is conducted according to OCIMF/ TMSA/ OVMSA standards	1	2	3	4	5
Inspection/ audit is performed in a timely manner	1	2	3	4	5

Any constructive comments for improvement?

Name : _____
Designation : _____
Company/ Ship's e-mail address : _____
Company's stamp : _____