

Consolidated Services  
Automotive Service Center (ASC)

Check if applicable:  
Repeat \_\_\_\_\_  
Longer than Standard Time \_\_\_\_\_

### Service Request and Performance Survey

DATE: \_\_\_\_\_ VEHICLE#: \_\_\_\_\_  
TIME: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LIC PLATE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
SERVICE REQUESTED : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* REMOVE ALL GUNS AND PERSONAL ITEMS FROM VEHICLES TURNED IN FOR SERVICE!!**

WORK ORDER# : \_\_\_\_\_ MECHANIC#: \_\_\_\_\_ STARTED: \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Were your repairs or services performed in a timely manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you able to wait for the repairs to be completed?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was ASC staff knowledgeable and helpful?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was your request handled in a professional manner?          | <input type="checkbox"/> | <input type="checkbox"/> |
- 5: Do you have any suggestions or comments that would help ASC serve you or your department better?  
\_\_\_\_\_  
\_\_\_\_\_

6. How would you rate the overall performance of the ASC?

POOR       FAIR       GOOD       EXCELLENT

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VEHICLE COMPLETED		VEHICLE PICKED UP
DATE CALLED	1ST call _____ 2ND call _____	DATE: _____
TIME CALLED	_____	TIME: _____
CALLER BY: _____		RELEASED BY: _____
PICKED UP BY: _____	DRIVERS SIGNATURE	(additional calls or comments on back)