QUALITY ASSURANCE

Customer ______________________________________   Date _________________

1. Did crew arrive at job site when scheduled?                               ____             ____

2. Were cleaning activities performed up to expectations?             ____             ____

3. Did blasting supervisors present themselves in a professional manner?                     ____            ____

4. Was work area left clean?                                                          ____            ____

5. Was work performed in a safe and efficient manner?                  ____            ____

6. Are there any areas that you feel could be improved?                 ____            ____

7. Did any problems occur that were not handled to your satisfaction?                                                                               ____            ____

8. Suggestions / Comments:__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

9. Company Evaluation:

   1  2  3  4  5  6  7  8  9  10
   ( 1 - lowest / 10 - highest )

Customer
Representative:__________________________________________________________