

QUALITY ASSURANCE

Customer _____ Date _____

- | | Yes | No |
|--|-------|-------|
| 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: _____