

Vessel Name

## **CUSTOMER FEEDBACK FORM**

Scope of Work:

Date : 2AMBEZI PROPEUER						
Diving Location: 29/01/2020 UNDERWATE INSPECTION		PH	to T	olv	II DA	<b>a</b>
1 = Poor5 = Excellent	1	2	3	4	5	n/a
					,	
Are you satisfied with the services provided by our dive team?	6		8			
Have you received proactive and on time updates from our office?	0	8	8		V	
Did we deliver the services or/and supplied goods timely?	9	9			V	
How do you rate our technicians' knowledge related to job made?					V	
Did our team apply appropriate Health, Safety & Environmental precautions during the services?	8		8		V	
Has your equipment been returned to you in appropriate condition?	0	0			V	
Are you satisfied with the overall quality of services?	0		8		1	8
Would you recommend "MaxiDive " to other persons / companies?					1	
		3 <b>₽</b>				
★ Customer Feedback Form must be delivered back to the MAXIDIVE CO., Ltd office and and review management in seven working days from the date of job finished.	ved by					
Officer in Charge name: R Kovalenko Diving Super	visor	110	RI	Ġſ	Ry C	ER
ignature: Date / Time:  16:00  Signature: Date / Time:	25	2/ 3/	0	110	500 500	22
m.v. "SEASPAN ZAMBEZI"	1	66	1	)		
Vessel Stamp:	.(	M		•		