

OHS Client Feedback Form

Safe in the knowledge

Company Name: _____

Contact Name: _____

Project Reference: _____

Head Office

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Please complete and return this form to help with the ongoing monitoring of the level of our client service delivery. Please respond to each question by placing a tick in the relevant rating box.	Not Applicable	Excellent	Better than Expected	Worse than Expected	Poor
How were your needs and expectations understood and interpreted by OHS?					
How well did OHS brief you on the implications of current legislation relevant to your business?					
How would you rate the professionalism of on-site work?					
How would you rate the level of communication throughout the project? (i.e. Did you receive regular work updates and reviews with minuted action points.)					
How would you rate the speed of response to any issues or concerns raised throughout the project?					
How would you rate the promptness of delivery of the final report?					
How would you rate the clarity of conclusions, recommendations and required actions detailed in the report?					
How would you rate the understandability of the report?					
How would you rate the strategy presented by OHS to deal with the report findings and recommendations?					

Comments: _____

Completed By: _____

Name: _____ **Job Title:** _____ **Signature:** _____