



TJ AUTOMATION INC. QUALITY SCALE SURVEY

Company:	
Name:	Date:
Title:	
Machine part #:	
Purchase Order #:	

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale below to select the quality number.

Form# CF-08-01

Revision A 09/08/2008

Description/Identification of Survey Item	Scale				
	P O O R	Good			E x c e l l e n t
1. Overall appearance of machine.	1	2	3	4	5
2. Overall impression of TJ Automation.	1	2	3	4	5
3. Machine meets required cycle time.	1	2	3	4	5
4. Operating procedures of machine explained.	1	2	3	4	5
5. Meet deadline/Due date.	1	2	3	4	5
6. Impression/Helpfulness of employees.	1	2	3	4	5
7. Part form to the gage.	1	2	3	4	5
8. Overall impression of part. (Tooling marks)	1	2	3	4	5

Please take time to answer the following questions.

1. How did you hear about TJ automation?

2. What would be helpful in the future?

3. Is there anything that you would change with our products?

4. Other comments
