



Pharmacy Quality Assurance Commission
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 360-236-4817
 Fax: 360-586-0123

Customer Satisfaction Survey

Completion of this form is voluntary. The data is being collected to give the Department a snapshot of how the pharmacy inspection process is working. The Department of Health (the Department) will use the information to assess and improve the inspection process. Data will be released to the Pharmacy Quality Assurance Commission and other offices within the Department. Data collected by this survey is subject to public disclosure under Chapter 42.56 RCW (the Public Records Act).

Inspection or Service Date: _____

Inspection Process		Rating				
		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1.	I got the information or service that I needed. Inspection thoroughness. (Accessibility)					
2.	The service or information was clear and understandable. (Clarity)					
3.	The staff was professional, friendly, and polite. (Courtesy)					
4.	The staff was well informed; violations cited were appropriate. (Knowledgeable)					
5.	The staff was helpful. (Helpfulness)					
6.	Questions were answered accurately in a timely manner. (Timeliness)					
Overall: How would you rate your satisfaction with the information or services you received?		Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied

Additional Comments: We welcome your professional views on the following

What did you believe was the most helpful or least helpful portion of the inspection?

Do you feel the need for further assistance in complying with any aspect of the inspection violations?

May we contact you? Please leave your Pharmacy firm name, address, phone number or e-mail address if you want us to respond to your comments.

Name:

Firm/Pharmacy address:

Phone (enter 10 digit #):

E-mail address: