Department of Microbiology, Chulalongkorn University, Bangkok, Thailand

Visitor's comments and suggestions

Name.....

Position.....Place of work.....

Telephone.....Telefax.....

1. Location, Date, and Time of visit

   Room number/floor.....

   Date.....Time.....

2. Please fill your comments on this visit.

   2.1 Usefulness and satisfaction ☐ Good ☐ Fair ☐ Poor

   2.2 Quality of hospitality ☐ Good ☐ Fair ☐ Poor

   2.3 What would you like us to improve?

   .....

   .....

   2.4 Will you come to visit us again? ☐ Yes, if possible ☐ No

   If "Yes", what will you be interested in? (Please specify)

   .....

   .....

   2.5 Other suggestions for improvements

   .....

   .....

.....

(.....)

Visitor

Officer Use Only	QM Use Only
Ref. of the visit.....	☐ Acknowledged
Result.....	☐ Comments.....
.....	☐ Procedure for improvement
	.....
	.....
(.....)	(.....)
	Quality Manager

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