DOELAP DOSIMETRY PERFORMANCE TEST QUESTIONNAIRE

Laboratory Name _____

Test Session _____

Please provide DOELAP with your evaluation of the performance testing process by rating the following process areas. For any question rated Poor or Fair, please comment below. Please suggest improvements to DOELAP.

		Poor	*Fair*	*Good*	*Very Good*	*Excellent*
1.	Timeliness of testing (turn-around time for test irradiations)	○	○	○	○	○
2.	Relevance of the test (did the results help you identify strengths and weaknesses in your dosimetry program?)	○	○	○	○	○
3.	Timeliness of the test results	○	○	○	○	○
4.	Clarity of the test results	○	○	○	○	○
5.	Helpfulness of DOELAP personnel in the testing process	○	○	○	○	○
6.	Enter comments below, as needed					

Please return this questionnaire to DOELAP at beanlc@id.doe.gov. Thank you for your valuable feedback.