**Client feedback report**

|  |  |  |
| --- | --- | --- |
| **Client Name** | **Report prepared by** | **Date**  |
|  |  | Start Testing: Completer Testing: Report submitted: |
| **General Information** Company Address: Dates of testing: Facility used: Technology tested: Equipment Used: |
| **How did you find out about the Industry Access fund?** |
| **How was communication with Lir prior to arrival?** |
| **Was there any delay in your test program? If so what was the cause?** |
| **Did you find the call useful, and how can it be improved?** |
| **What are the next steps for your technology and how this test helps you to improve in the TRL scale?** |
| What was your impression of Lir? Please Answer 1-5 with 1 being the worst and 5 being the best. Capabilities: 1 2 3 4 5Equipment: 1 2 3 4 5Staff: 1 2 3 4 5Flexibility: 1 2 3 4 5Communication: 1 2 3 4 5Time management: 1 2 3 4 5Canteen: 1 2 3 4 5Other:  |
| Would you use Lir again?  |
| Would you recommend Lir to others for future testing? |
| What can in your opinion Lir do to improve its level of service/support? |
| Please attach at least 2 photos of your technology and one video for internal reporting. These images will not be placed into the public domain without your prior knowledge.  |
| **Signed:** | **Date:** |