**Client feedback report**

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| **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 5  Equipment: 1 2 3 4 5  Staff: 1 2 3 4 5  Flexibility: 1 2 3 4 5  Communication: 1 2 3 4 5  Time management: 1 2 3 4 5  Canteen: 1 2 3 4 5  Other: | | | |
| 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/images of your technology and one video/motion capture for internal reporting. These images will not be placed into the public domain without your prior knowledge. | | | |
| **Signed:** | | **Date:** | |