



## Office of Alcohol Testing (OAT) Customer Service Survey

Interlock customers are encouraged to complete the document and send it to the Office of Alcohol Testing (OAT) via e-mail at [adh.alcoholtesting@arkansas.gov](mailto:adh.alcoholtesting@arkansas.gov), fax at (501)661-2289, or by mail to the following:

Office of Alcohol Testing  
Box 8509  
Little Rock, AR 72215-8509

Please list the name of the interlock company and the location where interlock services were performed:

(Interlock Company)	(Service Center Business Name/ Location)
(Technician Name)	

Please indicate your level of customer service by placing a check mark in the appropriate box for each of the following:

Ignition Interlock Technician	Poor	Fair	Good	Excellent
Technician Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ignition Interlock Facility	Poor	Fair	Good	Excellent
Facility Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Safety (Hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ignition Interlock Training	Poor	Fair	Good	Excellent
Training Provided by Interlock Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Provided by Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the Interlock Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ignition Interlock Device	Poor	Fair	Good	Excellent
Ease of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Breath Test Prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Breath Test Prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Office of Alcohol Testing (OAT)**  
**Customer Service Survey**

General Customer Service	Poor	Fair	Good	Excellent
Interlock Vendor Response to Any Reported Issues (if reported)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Days Before an Installation Appointment Could be Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Time it took for the Interlock Device to be Installed at the Installation Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction with the Interlock Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had any interaction with the interlock service provider’s customer call center, please complete the following:

Call Center	Poor	Fair	Good	Excellent
Call Hold Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service Representative Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service Representative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call Center’s Resolution of the Reported Issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this section to provide any additional comments or issues:

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If you would like to share your information, please enter here:

Client Name: \_\_\_\_\_

Client Phone #: \_\_\_\_\_