



**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY  
ALLAHABAD**

**Form: 114**

**Office of the Dean of Infrastructure, IWD, Estate**

**USER SATISFACTION REPORT**

*(This form should be initiated by IWD/Dean (IRI) Office to the user for feedback after completion of work)*

**Requisition details**

Name		Phone/ Mob No.											
Dept./Section		PF No:		Email:	@iiita.ac.in								
Request number													

**Work Completion details**

Was the work started and finished at the notified times? <i>(Time period of work should be notified to requisitioner/ user committee prior to start of work)</i>	Yes	No
<input type="checkbox"/> On time <input type="checkbox"/> Ahead <input type="checkbox"/> Delayed		
<i>Please include your comments on conduct of work</i>		
Was the work executed in agreement with agreed plans/proposals?	Yes	No
<i>Please note if there was any major deviation from agreed plans</i>		
Was an Engr. I/C/Supervisor available for your questions during the execution of work?	Yes	No
Did the Engr. I/C do a final walkthrough with you before handing over?	Yes	No
Were all the issues/defects noted during final walkthrough rectified before handing over?	Yes	No
Did you receive an advance notice on any service shutdowns during the work?	Yes	No
Did you receive an advance notice on any restrictions in use of space or utilities during the work?	Yes	No
Was an adequate clean-up done during and after the work?	Yes	No
How satisfied are you with the quality of work done?		
<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
<i>Please include your comments on the work performed (quality, time, workmanship etc.), if any.</i>		
<i>Please include your suggestions for future improvements, if any.</i>		

\_\_\_\_\_  
(Signature of the requisitioner/representative)

Date:    \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
( dd / mm / yyyy )

**For Dean (IRI) Office Use**

Checked  Assistant/ Superintendent	Passed
	Note:  OIC

Recorded	Sent for clarifications	yyyy-mm-dd	Clarifications Received	yyyy-mm-dd	Revision Recorded	Sent for further processing	yyyy-mm-dd
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