

QUALITY CONTROL QUESTIONNAIRE

Power Flame Incorporated

2001 South 21st Street, Parsons, Kansas 67357
PH: 620-421-0480, FAX 620-421-0948
csd@powerflame.com



Installer's Name: _____ Phone: _____

Address: _____ Installation date: _____

Model: _____ Job #: _____ Qty: _____ Job Name: _____

Power Flame is committed to Continual Improvement of our Quality in order to meet or exceed our Customer's Expectations. We value your input and therefore would appreciate receiving your comments regarding the Power Flame Equipment you have just purchased. Please return this questionnaire in the prepaid self addressed envelope.

1. What is the condition of the Burner(s)? Good Poor
If Poor, list discrepancies (be specific): _____

2. Are all separately packaged components in good condition? Yes No
If no, list discrepancies (be specific): _____

3. Are all components correct? Yes No
If no, list incorrect components: _____

4. Is there anything you would like changed or improved? (We cannot guarantee the change): _____

5. Other Comments: _____

Please Print Name: _____ Fax #: _____

Return Reply Requested

Thank you for purchasing our equipment and filling out this questionnaire. Each questionnaire will be assigned a Q. C. number and each one will be investigated. If you request a reply please check the return box and either write a full address with zip code on return envelope or your fax number on this form. Our goal is 100% Customer Satisfaction, and we at Power Flame look forward to responding to your future Combustion Equipment requirements. If you need **immediate attention** please notify your representative and/or our customer service department as well as returning this questionnaire.

Thank You,

Quality Manager