



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Customer Satisfaction Survey for Licensed Establishments

Please take a few minutes to complete this brief survey about your recent inspection. To provide you with the best possible service, we would appreciate your feedback. We will use this to plan and improve our inspection process. The survey is anonymous and voluntary and will not affect your current or future inspection results. If you have a serious concern about your inspection or would like to speak to someone directly, please call Jim Adams, Health Commissioner, Canton City Public Health, at 330-438-4623. Thank you.

Please rate your satisfaction with the following. (check one box on *each* line)

	<i>Level of Satisfaction (Highest to Lowest)</i>				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Does Not Apply</i>
The inspector was polite and respectful to me and all my staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The inspection was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The inspection was conducted in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The inspector was well informed about regulatory requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The explanations throughout the inspection process helped me understand the regulations better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had violations cited on your inspection, the corrective actions and follow-up requirements were thoroughly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My inspection report was clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall, I am satisfied with the inspection conducted by Canton City Public Health staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please share any additional comments you have. If you need more room, you can continue your comments on the back of this form:

Please return this survey in the envelope provided or fax to 330-489-3335.

Form: 500-004-01-F, Revision 8/7/2018

420 Market Ave., N • Canton, OH 44702 • Phone 330-489-3231 • Fax 330-489-3335 •
www.CantonHealth.org

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