EDWARDS AIR FORCE BASE QUALITY OF SERVICE QUESTIONAIRE

INSTRUCTIONS Please evaluate our transient services and facilities by checking the applicable blocks. Areas checked unsatisfactory or outstanding should be qualified with supporting remarks and/or recommendations. Completion of form will assist in determining what action should be taken to improve present facilities and services. Report hazardous conditions using AF Form 457 according to AFI 91-202.

SECTION I	APPROAG	CH AND AIRFIELD I	ENVIRONMENT			
FACILITY TO SERVICE		OUTSTANDING	SATISFACTORY	UNSATISFACTORY	NOT USED	
1. Local Air Traffic Cor	ntrol					
2. Airfield Lighting						
3. Airfield Conditions:	markings, signs, etc					
SECTION II		AIRFIELD	SUPPORT			
4. Transient Alert						
5. Aircraft Servicing						
8. Base Operations Serv	vice					
9. Flight Planning Facil	ities					
10. Weather Briefing						
SECTION III		BASE FAC	CILITIES			
11. Transportation						
12. Lodging Services						
13. Dining Facilities						
SECTION IV	Ι	DEPOT AIRCRAFT D	ELIVERY OR PIC	KUP		
16. Facilities						
17. Aircrew Support						
		ices at this installation				
EXCELLENT	GOOD	FAIR	POOR			
REMARKS AND/OR	RECOMMENDAT	TIONS:				
DATE: T	IME:	Do you wish a respon	ise?	YES	NO	
NAME: RA		RANK:	RANK:		ORG/OFFICE SYMBOL:	
HOME STATION (Include Zip Code)		PHONE:		AIRCRAFT TYPE/CALLSIGN:		
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