



Q3 How would you rate the cleanliness of this facility overall? (Please tick one box only)

- Excellent
- Good
- Satisfactory
- Poor
- Unacceptable

Q4 Please provide any additional comments and/or specific examples to illustrate your experience relating to the cleanliness of this facility in the box below.

Thank you for taking the time to complete this survey.  
When you are ready please press submit.