

Oil Change Service Evaluation

Date of Service

Vehicle (Make/Model/Year)

Service Center Name

Technician Name

Service Quality

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Timeliness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Professionalism

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Cleanliness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Additional Comments

