



VISITOR SURVEY

PROFILE

Name of Attraction :

Visitor's Telephone Number :

Visitor's Email Address :

Name of Assessor

Date of Assessment

Please rate the following attraction features on a scale of 1 (Very poor) to 5 (Excellent) by ticking at the appropriate number

0	1	2	3	4	5
Not Available	Very Poor	Poor	Acceptable	Good	Excellent

NO.	REQUIREMENTS							REMARKS
		0	1	2	3	4	5	
1.	Suitable for families to visit							
2.	Suitable for different age group/background to visit							
3.	Activity times and locations are clearly informed							
4.	General cleanliness and maintenance of facilities/landscape are in good							
5.	Facilities for disabled are provided							
6.	Ventilation and lighting are good							
7.	Overall appearance and ambience							
8.	Entrance fees/activity fees are value for money							
9.	Visitor management is good (assigning turns, ticket queue, crowd control, direction indicator)							
10.	Safety practices and equipments in facility are available							
11.	Safety personnel always available							
12.	Staff has good communication skills, reliable and always willing to help							
TOTAL								
SUB-CRITERIA TOTAL :								

