

Filter Cooler Discovery Sheet



Company name Address		Contact name /title Phone		Date
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STRATEGIC

How many people work at this location?	
Do you have any other locations or plan to grow?	
Do you have any Green initiatives?	
Have you previously considered improving the employee drinking water situation?	

PROCESS

What is the decision-making process?	
Who else, other than yourself, will be involved? Do you sign the paperwork?	

SPECIFIC

Why did you originally decide to use a filter cooler?		What prompts a service call or filter change?	
How do you feel about the water quality coming from the cooler?		How do you feel about the service from your current vendor?	
Do you personally drink the water?		Have you seen your account rep lately?	
How would you rate the water on a scale of 1-10?		If you were to consider changing, which is most important to you?	
How long have you been using filtered water?		1- Improved taste/smell 2-Health concerns	
Who is your current vendor?		3-Safety 4-Go Green Initiatives	
Why did you choose the current vendor for your service?		Would you consider a sparkling water option?	
How often do they change filters ?		Do you have an ice machine?	

SET TRIAL

Trial Date:	
Facilities Contact:	Phone/email: