**NOTE :In our effort to serve you better, we are constantly improving our services and we require your feedback to achieve this objective. We at SQAPL value your opinion. Please take some time off your busy schedule to fill this form and return the same to the Audit Team Leader in a sealed envelope to keep the confidentiality of the information provided by you.**

Type of Audit

Certification Audit Re-certification Audit Surveillance Audit

# Please rate the company’s and auditor’s performance on the following factors:

# **5= Outstanding, 4= Very Good, 3= Good, 2=Satisfactory, 1=Poor, N/A= Not Applicable**

Date: Standard:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Section 1: SQAPL Office*** | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | **N/A** |
| 1. Responsiveness to your enquires- Promptness |  |  |  |  |  |  |
| 1. Accuracy of the quotes communicated to you |  |  |  |  |  |  |
| 1. Handling of your Complaint(s) |  |  |  |  |  |  |
| ***Section 2: Audit Team Performance*** | | | | | | |
| 1. Audit team demonstrated knowledge of program criteria |  |  |  |  |  |  |
| 1. Audit team demonstrated courtesy, professionalism and a constructive positive approach |  |  |  |  |  |  |
| 1. Audit team kept you informed and discussed audit findings with departmental personnel |  |  |  |  |  |  |
| 1. Audit results are clearly & fully explained |  |  |  |  |  |  |
| 1. Conducted the Audit to your satisfaction & found value adding |  |  |  |  |  |  |

***Section 3: Individual Auditor Performance***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Role** | Name | **Overall Rating\*** | **Major Strengths / Weaknesses** |
| 1 | Team Leader |  |  |  |
| 2 | Auditor 1 |  |  |  |
| 3 | Auditor 2 |  |  |  |
| 4 | Tech. Expert |  |  |  |

* + **5= Outstanding, 4= Very Good, 3= Good, 2=Satisfactory, 1=Poor,**

***Section 4:General Remarks***

1. Did you receive the audit plan sufficiently in advance? ο Yes ο No
2. How SQAPL is perceived in the market at the time of selection

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1. Please give your further comments / suggestions (if any):

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Name: Designation:

Organization Name: Signature:

Upon completion of the form, kindly return it by courier/ e-mail/ fax: to- **SQNET ASSESSMENTS PVT. LTD.**

**BMS Business Centre, 2, Gujrat Vihar, Vikas Marg, NEW DELHI-110096, INDIA**

**Ph: +91- 11-30010180, Email:** [info@intactsystemcert.com](mailto:info@intactsystemcert.com)**, Web: www. intactsystemcert.com**

###### For SQAPL USE only

|  |
| --- |
| Review Comments:  Date: Signature: |