



FEEDBACK FORM

Certification Audit Re-certification Audit Surveillance Audit

Management System Standard: _____

*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*

Section 1: SSC Office	5	4	3	2	1	N/A
1. Responsiveness to your enquires- Promptness						
2. Accuracy of the quotes communicated to you						
3. Handling of your Complaint(s)						
Section 2: Audit Team Performance						
1. Audit team demonstrated knowledge of program criteria						
2. Audit team demonstrated courtesy, professionalism and a constructive positive approach						
3. Audit team kept you informed and discussed audit findings with departmental personnel						
4. Audit results are clearly & fully explained						
5. 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? Yes No

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

Name: _____ Designation: _____
Organization Name: _____ Signature: _____ Date:-----

For SSC use only

Review Comments
Date: _____
Signature _____