

Respectfully, the survey form regarding the evaluation of the EPIL's services is presented to you. Please help us in providing the best services by completing it. Please send the completed form to fax number 02634766715 or email it to cb@eepil.com. Thank you in advance for your time and response.

**Body audited:**

**Type of audit:**  Initial audit  Re-initial  Surveillance  Follow-up  Other

Can you please provide us with your score on the following statements, based on the following scale:

Very dissatisfied	dissatisfied	Somewhat dissatisfied	unsure	Somewhat satisfied	satisfied	Very satisfied
1	2	3	4	5	6	7

**1. Feedback on the audit:**

Row	Item	Your score
1	Did you get the audit plan sufficiently in advance?	
2	Was the audit carried out as per the program?	
3	Did the team leader brief you about the methodology of assessment?	
4	Were the issues raised relevant, based on requirements/facts?	
5	Did the issues add value in improving the certification/inspection process?	
6	Did the audit team evaluate your system sufficiently to conclude?	
7	Were all relevant personnel interviewed?	
8	Did the audit team check relevant records to verify and collect evidence of compliance?	
9	Were the opening and closing meetings conducted professionally?	
10	Was the audit team impartial and fair in the audit?	
11	Were your communications replied to promptly?	
12	Please add any additional comments here:	
13	Did you get sufficient info about the certification process before submitting your application for certification?	
14	Did you get the audit reports in a reasonable time from the audit date?	
15	Were you satisfied with the speed of decision-making by EPIL?	

Comment:

Please indicate if you want any of your comments to be kept confidential from the audit team.

Completed by:

Date: