



QACS Feedback Form

QACS REPORT NO:**DATE:****COMPANY NAME & ADDRESS:****STANDARD:** ISO 9001/ ISO 14001/ HACCP / 18001 / OTHERS _____**GRADING:** (1 good, 2 average ,3 Poor)

Could you please indicate your comments with regard to Assessor who carried out your recent Assessment / Surveillance visit

S.No.	Areas of Feedback	Grades
1.	APPEARANCE	
2.	Attitude	
3.	Technical Knowledge	
4.	Commercial Skills	
5.	Team Player	
6.	Written World	
7.	Conversant With Standard	

WOULD YOU RECOMMEND THIS AUDITOR FOR FURTHER ASSESSMENT WORK? YES / NO
IF NO, YOUR COMMENTS AS TO WHY:**OTHER COMMENTS:**

Completing this feedback form will have no bearing on your assessment/surveillance. It is simply required in order that we may monitor assessors to provide a better service to you, the customer.

I hereby confirm that our audit has been done adequately and our organization is very happy with the assessors.

SIGNED:.....**DATE:**.....