

**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 EQUALITAS 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: \_\_\_\_\_

| <b>Section 1: EQUALITAS Office</b>             | <b>5</b> | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> |
|--|----------|----------|----------|----------|----------|
| 1. Responsiveness to your enquires- Promptness |          |          |          |          |          |
| 2. Accuracy of the quotes communicated to you  |          |          |          |          |          |
| 3. Handling of your Complaint(s)               |          |          |          |          |          |

**For Office Use only: Maximum Score (Y): 5\*3=15 Office Performance (X/Y\*100):** **Total (X):**

| <b>Section 2: Audit Team Performance</b>  |  |  |  |  |  |
|---|--|--|--|--|--|
| 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                          |  |  |  |  |  |

**For Office Use only: Maximum Score (A): 5\*5=25 Office Performance (B/A\*100):** **Total (B):**

| <b>Section 3: Individual Auditor Performance</b> |              |             |                                |                                     |
|--|--------------|-------------|--------------------------------|-------------------------------------|
| <b>S. No.</b>                                    | <b>Role</b>  | <b>Name</b> | <b>(C) Overall Rating(1-5)</b> | <b>Major Strengths / Weaknesses</b> |
| 1  | Team Leader  |             |                                |                                     |
| 2  | Auditor 1    |             |                                |                                     |
| 3  | Auditor 2    |             |                                |                                     |
| 4  | Tech. Expert |             |                                |                                     |

| <b>Section 4:General Remarks</b> |  |
|----------------------------------|--|
| 1.                               | Did you receive the audit plan sufficiently in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.                               | How ESCPL is perceived in the market at the time of selection.....   |
| 3.                               | Please give your further comments / suggestions (if any): .....  |

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Upon completion of the form, kindly return it by courier/ E-mail/ Fax: to- EQUALITAS SYSTEMCERT PVT. LTD. BMS Business Centre, 2 Gujarat Vihar, Vikas Marg, New Delhi-110 096, INDIA. Ph.: +91-11- 3001-0137, E-mail: [info@escpl.com](mailto:info@escpl.com); Website: [www.escpl.com](http://www.escpl.com)

**For EQUALITAS USE only**

|   |
|---|
| <b>Overall client satisfaction:</b> (X + B + C) / Maximum Score * 100 = |
| <b>Review Comments:</b>   |
| Date: _____ Signature _____   |