

CONFIDENTIAL

Customer Evaluation and Continuous Improvement Form

Type of Audit: Registration <input type="checkbox"/> Re-Certification <input type="checkbox"/> Surveillance <input type="checkbox"/> Follow-up <input type="checkbox"/> Transfer <input type="checkbox"/>

Auditor Name:		Standard:	
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Please check what best represents your experience.

Rating scale:

N/A = Not Applicable,

1 = Unsatisfactory,

2 = poor,

3 = average,

4 = good,

5 = very good

6 = outstanding

1. CMA Office Support:	N/A	1	2	3	4	5	6
1. The contacted staff :							
1.1 Was professional and courteous?							
1.2. Was readily available?							
1.3 Addressed all your questions and concerns?							
2. Did the scheduling planned the audit to meet your needs?							
3. Did the auditor selection met your expectations?							
2. CMA Auditor:							
Did the auditor:							
2.1. Submit the audit plan 2 weeks prior to the audit?							
2.2 Conduct a comprehensive and fair audit ?							

2.3. Conduct an audit that added value to your system?							
2.4. Used meaningful auditing techniques during the audit?							
Please rate the auditors:							
2.5. Professionalism							
2.6. Knowledge and application of the standard as it related to your system							
2.7. Communication skills before, during and after the audit							
2.8. Time spent on-site: Was it sufficient and comparable to the audit schedule?							
CMA overall performance did meet your auditing needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you consider that CMA added value to your organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Did you have any suggestion for improvement?							
Name (optional):							
Companyname (optional):							