



Date

CAB FEEDBACK

- Accredited Organization :
- Representative name:
- Representative position : phone :
- Accreditation Type :

Personal Cert. Body Cert. Body Inspection Body

Please evaluate the services provided to your organization during the assessment:

1. The application phase

No	Item	Good	Avg.	Weak
1	Application & information pack were easy to get			
2	Application was clear & easy to fill			
3	Enough information was given to you			

2. The assessment phase:

No	Item	Good	Avg.	Weak
1	Assessment plan timing was Flexible			
2	Assessment plan was clear & suitable			
3	Opening meeting information was clear & sufficient			
4	Planned time table was executed			
5	Assessors were Cooperative & flexible in getting the data			
6	Assessors' questions were clear & related to the assessment			
7	Nonconformities & CARs were convincing & understandable			
8	Value added to your organization during assessment			
9	Full assessment results were communicated in closing meeting			
10	Lead assessor answered all relevant questions in closing Meeting			

3. Notes :

(Use extra paper if needed)

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CAB Representative

Signed

Date