



**Ministry of Agriculture and Forests**  
**Bhutan Agriculture and Food Regulatory Authority**  
**CERTIFICATION SERVICES**

**FEEDBACK FROM THE COMPANY/CLIENT THAT HAS BEEN AUDITED**

1. Name of the Company/Client:

2. Type of audit:

3. Date(s) of audit:

**4. Performance rating:**

Clause	Particulars	Evaluation (Tick)	
		Yes	No
<b>4.1</b>	<b>Quality of Audit</b>		
4.1.1	Did you get the audit intimation sufficiently in advance?		
4.1.2	Was the audit carried out as per the plan?		
4.1.3	Did the team leader brief you about the methodology of audit?		
4.1.4	Were the issues raised relevant, based on requirements / facts?		
4.1.5	Did the issues add value in terms of improving your existing processes?		
4.1.6	Did the audit team evaluate your system sufficiently to come to a conclusion? (Please highlight any key concern of yours that was missed out by the team)		
4.1.7	Did the audit team check relevant records to verify and collect evidence of compliance?		
4.1.8	Was the audit team impartial and fair in inspection?		
4.1.9	Was the audit team knowledgeable about the standard and audit techniques?		
<b>4.2</b>	<b>Quality of Sampling</b> (if samples were drawn, otherwise skip to 4.3)		
4.2.1	Were the representative samples taken by the audit team?		
4.2.2	Were the samples properly coded and counter signed by you representative?		
4.2.3	Were the counter samples left with you?		
<b>4.3</b>	<b>Quality of communication and response on Audit</b>		
4.3.1	Were your communications replied to promptly?		
4.3.2	Did you get sufficient information on the audit before audit?		
<b>4.4</b>	<b>For Certified clients (If it is initial/first audit, please SKIP to 5)</b>		
4.4.1	Did you get the audit reports in reasonable time from the date of audit?		
4.4.2	Were you satisfied with the speed of decision making by Certification Services of BAFRA?		



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**5. General**

5.1 Please provide your suggestions/comments/feedback.

**5.2 Overall service rating (Please tick)**

Excellent    Very Good   Good    Average    Poor  

Name of company/Client Representative:

Designation:

Date:

**REQUEST:**

Please email us the feedback at [bafraacd@gmail.com](mailto:bafraacd@gmail.com)

OR

Please send the filled form, in a sealed envelope to this address:

**The Certification Manager**

**Certification Services**

**BAFRA, MoAF**

**Thimphu**

**Post Box No 1071**