WORLD CERTIFICATION SERVICES CUSTOMER SURVEY

To help us to improve the quality and effectiveness of WCSôs operations and service I would appreciate it if you could take a few moments to complete this questionnaire by ticking the boxes or writing in your comments in the space provided. You need not enter your name or organisation if you so wish.
The form may either be returned by mail or fax. Thank you for your help.

Auditors Name: ---------------------------------- **Date of Audit**: --------------------------

Your name/organisation: --

Please rank your perception of the following	**RATING** 1	2	3	4	5
The speed with which WCS dealt with your application	☐	☐	☐	☐	☐
WCSôs ability to meet your required date of assessment	☐	☐	☐	☐	☐
The Auditorôs timekeeping	☐	☐	☐	☐	☐
Auditorôs explanation of the assessment or certification process	☐	☐	☐	☐	☐
Auditorôs discussion/agreement of the scope of registration	☐	☐	☐	☐	☐
Clarity of the auditorôs questions	☐	☐	☐	☐	☐
The relevance of the Auditorôs questions to the activities audited	☐	☐	☐	☐	☐
Explanation of any non-conformances identified (if applicable)	☐	☐	☐	☐	☐
Explanation of any observations raised	☐	☐	☐	☐	☐
The Auditorôs understanding of the nature of your business	☐	☐	☐	☐	☐
The Auditorôs understanding of the processes involved	☐	☐	☐	☐	☐
The conduct of the Auditor throughout the audit	☐	☐	☐	☐	☐
Benefits or value-add resulting from the audit	☐	☐	☐	☐	☐
Your overall satisfaction with the audit	☐	☐	☐	☐	☐

RATINGS: 1 – Very Poor, 2 – Poor, 3 – Satisfactory, 4 – Good 5 – Very Good

Comments:
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