



Date:		Month:				
Organisation Name						
Address						
Contact Person						
Telephone Number						
Email Address						
Product(s) Certified by:						
No.	Parameter	Please tick the appropriate rating for each parameter:				
		Excellent	Good	Satisfactory	Average	Poor
1	Enquiry handling and response time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Certification evaluation methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Technical knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Timely completion of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Complaint and appeal handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Areas for Further Improvement</b>		Client's Signature:				
		Authorised Representative of Client				
<b>Management Reviewed by (Name &amp; Title):</b>						
Root Cause Identified:						
Proposed Action(s) for future:						
Corrective Action Ref. No.:						
Target Completion Date:		Responsible Person:				
Overall Remarks:		Signature:				
		Management Representative / Certification Manager:				