



## WORLD CERTIFICATION SERVICES CUSTOMER SURVEY

To help us to improve the quality and effectiveness of WCS's 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.

<b>Auditors Name:</b> .....	<b>Date of Audit:</b> .....
<b>Your name/organisation:</b> .....	
<b>Please rank your perception of the following</b>	<b>RATING</b>
	<b>1      2      3      4      5</b>
The speed with which WCS dealt with your application	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
WCS's ability to meet your required date of assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The Auditor's timekeeping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Auditor's explanation of the assessment or certification process	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Auditor's discussion/agreement of the scope of registration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clarity of the auditor's questions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The relevance of the Auditor's questions to the activities audited	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Explanation of any non-conformances identified (if applicable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Explanation of any observations raised	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The Auditor's understanding of the nature of your business	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The Auditor's understanding of the processes involved	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The conduct of the Auditor throughout the audit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Benefits or value-add resulting from the audit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Your overall satisfaction with the audit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>RATINGS: 1 – Very Good, 2 – Good, 3 – Satisfactory, 4 – Fair, 5 – Poor</b>	

**Comments:**  
 .....  
 .....  
 .....