

Auditor Evaluation Survey

Company Name: _____	Contact Name: _____
Phone: _____	E-mail: _____
Auditor: _____	Audit Date: _____ Site/office: _____

Rate the person performing your audit:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NEED IMPROVEMENT
1 Knowledge of the industry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Knowledge of the applicable standard:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Courtesy and professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Preparation for audit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Organized during audit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Scheduling and promptness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rank the audit for the following:

	Good		Fair		Poor
9 Consistency:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
10 Fairness:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
11 Unbiased:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
12 Did you have an opening interview?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
13 Did it cover the audit process accurately?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14 Did you have an exit interview?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
15 Did the interview cover all deficiencies and corrective actions?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
16 Did the auditor observe surface preparations and coating application in progress? (PCCP audits only)		<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Comment on ratings less than Average: _____

Authorized Signature

Date