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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 _____

