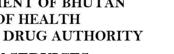
## ROYAL GOVERNMENT OF BHUTAN MINISTRY OF HEALTH BHUTAN FOOD AND DRUG AUTHORITY





## **INSPECTION SERVICES**

# FEEDBACK FROM THE CLIENT

- Name of the Inspected Organization: 1.
- Type of Inspection: 2.
- Name of the Inspection Team members: 3.
- Date(s) of Inspection: 4.

## **Performance rating:**

Sl. no.	Evaluation Parameters	Evaluation	
		Yes	No
1	Did you get the Inspection intimation sufficiently in advance?		
2	Were the issues raised relevant, based on requirements/facts?		
3	Was the inspection team knowledgeable and skilled in inspection techniques?		
4	Did the inspection team verify the compliance adequately in an impartial and fair manner?		
5	Were the representative samples taken by the Inspection team?		
6	Were the samples properly coded and counter-signed by your representative?		
7	Were the counter samples left with you?		
8	Were your communications including queries replied to promptly and adequately?		
9	Did you get the Inspection reports in a reasonable time from the date of Inspection?		
10	Were you satisfied with the speed of decision-making by Inspection Services of BFDA?		

## Suggestions for improvements, if any:

Doc. No: BFDA-IS-FM-11	Prepared by: Technical Manager	Approved by: Division Head	Page 1 of 2
Issue No: 02	Issue Date: 15 March 2023	Revision No: 03	Revision Date: 28 October 2024

## ८नजः, तेषः, यचित्राचितः। वार्ष्यः यः तेषः। यचित्रान्यवः क्रशः, ८८ः श्रेषः, द्रवाशः, ८ वटः यह्य

# ROYAL GOVERNMENT OF BHUTAN MINISTRY OF HEALTH BHUTAN FOOD AND DRUG AUTHORITY INSPECTION SERVICES



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### FEEDBACK FROM THE CLIENT

Overall service	ce rating			
Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
*Note-Please	send the filled-up forn	n to the PABD / FQSD (	Chief, Inspection Service	es Section of BFDA in a
sealed envelop	pe.			
Signature:				
Name of comp	oany/Client Representati	ive:		
Designation:				
Date:				