



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

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



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**FEEDBACK FROM THE CLIENT**

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

**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:**

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**FEEDBACK FROM THE CLIENT**

**Overall service rating**

Excellent (5) ☐ Very Good (4) ☐ Good (3) ☐ Average (2) ☐ Poor (1) ☐

**\*Note-Please send the filled-up form to the PABD / FQSD Chief, Inspection Services Section of BFDA in a sealed envelope.**

Signature:

Name of company/Client Representative:

Designation:

Date:

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