



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཚས་དང་སྐྱོན་རིགས་དབང་འཛིན།

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



INSPECTION SERVICES

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:

Sr. 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 verified 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:



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚས་དང་སྐྱེན་རིགས་དབང་འཛིན།

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



INSPECTION SERVICES

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 / FD Chief, Inspection Services Section of BFDA in a sealed envelope.**

Name of company/Client Representative:

Designation:

Date:

<i>Doc. No: BFDA-IS-FM-11</i>	<i>Prepared by: Technical Focal</i>	<i>Approved by: Division Head</i>	<i>Page 2 of 2</i>
<i>Issue No: 02</i>	<i>Issue Date: 15 March 2023</i>	<i>Revision No: 00</i>	<i>Revision Date: --</i>