

Indian Register Quality Systems [A Division of IRCLASS Systems and Solutions Pvt. Ltd.]

Customer Feedback Form

Page 1 of 1		
IV IRQS:FORM:33	:05	
Eff. Date	:	21-01-2020
Developed by	:	NR
Approved by	:	HEAD-IRQS

Dear Sir/ Madam,

Date: 24th August 2023

Please Sr.	lease spare few minutes of your valuable time, evaluate and tick the column you consider appropriate for us.												
Sr. No.	Particulars				Exc	Excellent Very Good Satisfactory Average Poor							
01)	Response on Enqui	ry &	Order Processing				×						
02)	Response on Audit		×			П							
03)	Response on Invoicing												
04)	Response on Issuar	ice o	f Draft / Fin	al Certificate		X	П						
05)	Auditor's understar	nding	of the pro	cess of your organization		×			П				
06)	Auditor's attitude t	owai	ds the aud	itee		X			П		П		
07)	Extent of evaluation	1	×			П							
08)	Auditor's conduct d		X				П						
09)	Value additions ma	I	X				П						
10)	Auditor's Sincerity & willing to consider alternative ideas or points of view						X					П	
11)	Tactful in dealing and effectively interacting with people						X			П		П	
12)	Exhibiting a courteous and professional behaviour						X					П	
<u>13)</u>	Did all the audit team members wear Safety shoes and other PPE's as applic process.							h-out the audit	out the audit Yes		No 🗌	NA 🗆	
If No, your comments: -													
14)	Would you prefer to have the same auditor/ audit team in the next audit?								Y	Yes 🛛		No 🗌	
15)	Would you recommend IRQS to other organization for Certification services?									Yes 🛛 No 🗆			
16)													
		d like to publish the above Testimonial on IRQS website?							Y	es 🏻	No		
17)	Please mention additional services that we can offer you:												
From	Client Name : M/s. Chu Ker Technology Co., Ltd.						Audit Stage : Certification Audit						
	Contact Person	:	Mr. Liao	Wen Tai (Tiger)		Name of Tean			r .	-	shkumar Gu	pta	
	Audit Standard					Name of Team Membe			. Ms Claire Ruan				
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Kindle	roturn the	Τ.	Acoradi	itation 8 Outlier to				Name -	1 2				
Kindly return the completed form to HO & marked to : Accreditation & Quality Assurance E-mail: irqs@irclass.org : Indian Register Quality Systems				1 -	Name:		謝宜芳						
					Signature: Stamp of the	<u>D</u>	1000円である。						
2 nd Floor, New Building, 52 A, Adi						Organization					1 4 7		
Shankaracharya Marg, Opp. Powai Lake,													STANDARDS
Powai, Mumbai - 400 072.								, - <u></u>	*france of	(Allillo			
			We	thank you for sparir	ng your valua	ble ti	me for	filling this fo	rm.	= 5	IMMI		