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| **Name of Auditor:** |  |
| **Partner Organisation:** |  |
| **Audited Company :** |  |
| **Trainee in charge of the implementation of the Food Safety/Quality Management System in the Company:** |  |
| **Date of Evaluation:** |  |

**Please attach your Audit Report!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please answer each question with a grade between 1-5, where 1 is Poor and 5 is Excellent.* | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfactory do you consider the overall implementation of the Food Safety/Quality Management System?
 |  |  |  |  |  |
| 1. How effectively did the trainee cover all possible aspects of the company?
 |  |  |  |  |  |
| 1. How do you evaluate the company’s satisfaction with the performance/support by the trainee?
 |  |  |  |  |  |
| 1. Do you consider there are issues that need to be addressed with further training for the trainee?
 |  YES / NO |
| 1. If YES, which in specific issues need to be addressed?
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