

APSOPCA/36. Operator feedback Form	Revision number: 00
	Revision date : 04.06.2025

Operator feedback Form

Name of the inspector who visited your farm/ unit		
Please tick in the appropriate box:		
The inspector is well versed with the relevant standards and inspection routine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The inspection report is well explained during the audit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All clarifications were clearly dealt by the inspector:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The inspection is conducted in a timely and systematic manner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The behavior of the inspector was cordial during the entire inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any specific comment related to the inspector:		
Any specific comment related to the audit:		
Any specific comment related to the APSOPCA:		

Name and Signature of operator