APSOPCA/36. Operator feedback Form

Revision number: 00

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## 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:	Yes No	
The inspection report is well explained during the audit:	☐ Yes ☐ No	
All clarifications were clearly dealt by the inspector:	☐ Yes ☐ No	
The inspection is conducted in a timely and systematic manner:	☐ Yes ☐ No	
The behavior of the inspector was cordial during the entire inspection	Yes 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

Approved by: Director, APSOPCA	Page <b>1</b> of <b>1</b>