
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0082. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

LABORATORY QUALITY ASSURANCE DIVISION AUDIT EVALUATION FORM

1) Name (optional): _____ 2) Location of audit: _____

3) Name of Auditor/Audit Team: _____

4) Date of audit: _____

5) Lab Director/Contact's signature (e-signatures accepted) _____

6) Questions:

a) Was the scope/time table of the audit clear and the audit well organized?

b) How satisfied were you with the quality of the audit?

c) Please constructively identify any improvements to the audit process?

d) Was the audit performed in a courteous, respectful, and professional manner?

e) Was the auditor knowledgeable about the laboratory requirements being audited?

f) How helpful were any suggestions or recommendations made by the auditor?

g) How satisfied are you with the auditor's response to inquiries, supplemental information requests, and overall thoroughness?

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LABORATORY QUALITY ASSURANCE DIVISION AUDIT EVALUATION FORM

Thank you for taking the time to complete this evaluation. We are interested in your input concerning your recent audit. Please supply complete and specific information that will be useful in improving the value and effectiveness of future audits.

Instructions for completing the form

- 1 Enter the name of the person writing the audit evaluation. Multiple names may be included if comments are from multiple sources.
- 2 Fill in the name (and PEPRLab number, if applicable) of the laboratory or establishment.
- 3 Fill in the name of the auditor or the names of audit team members.
- 4 Fill in the date(s) of the audit.
- 5 The laboratory manager should sign their name. Alternatively, the name can be typed and the laboratory manager can e-mail the electronic document.
- 6 Answer the seven questions (a- g) as thoroughly as possible. Attached sheets may be used if more space is needed. Write "See attached" on the form.
- 7 Submit the completed form (and any attached comments) by mail to :

USDA, FSIS, LQAD Director
950 College Station Rd.
Athens, GA 30605

Or by e-mail to:

charles.pixley@fsis.usda.gov