

Paperwork Reduction Act Burden Statement

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Form Approved OMB No. 2120-0605
Expiration Date 10/31/2018

U.S. Department of Transportation
Federal Aviation Administration

QUALITY SYSTEM AUDIT FEEDBACK REPORT

QSA No. _____

Name of Audited Facility: _____

Dates Audited: _____

As part of the Federal Aviation Administration (FAA) and industry continuous improvement efforts for the Quality System Audit (QSA), this form is provided for your use in furnishing the FAA with comments regarding the conduct of the audit recently conducted at your facility. We sincerely encourage you to tell us how we did, and thank you for the time you will take to support our quality improvement and customer service objectives.

Please check the appropriate rating in each of the tables below, and provide any comments that you deem appropriate.

1. Pre-audit arrangements	Unsatisfactory	Poor	Satisfactory	Good	Excellent
• Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Coordination/Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations for improvement:

2. Pre-audit conference	Unsatisfactory	Poor	Satisfactory	Good	Excellent
• Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Purpose of audit explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations for improvement:

QUALITY SYSTEM AUDIT FEEDBACK REPORT, con't

3. Daily meetings	Unsatisfactory	Poor	Satisfactory	Good	Excellent
• Explanation of noncompliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resolution of issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations for improvement:

4. Post-audit conference	Unsatisfactory	Poor	Satisfactory	Good	Excellent
• Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of executive summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of follow -up actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations for improvement:

5. Conduct of the audit	Unsatisfactory	Poor	Satisfactory	Good	Excellent
• Team professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Overall conduct of the QSA team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations for improvement:

Please return completed form to: