



Form Approved  
OMB No. 2120-0605

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.

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

Comments/recommendations for improvement:

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

Comments/recommendations for improvement:

## QUALITY SYSTEM AUDIT FEEDBACK REPORT, con't

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

Comments/recommendations for improvement:

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

Comments/recommendations for improvement:

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

Comments/recommendations for improvement:

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Signature (optional)

Date

**Please return completed form to:**