Project Title:	Date:		
	Project No.: -		
Procedures Audited: QUALITY SYSTEM AUDIT **Client Feedback (S16)**	YES	YES BUT	NO
1. Are Client Feedback Form initiated? 2. Are Client Feedback Form reviewed upon receipt? 3. Is Feedback Report Form used when appropriate? 4. Are the findings summarized? 5. Are the findings analysed?			
Comments: Auditor Signature: Date:			