



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City Philippines

INTERNAL QUALITY AUDITOR PERFORMANCE EVALUATION TOOL

Dear Auditee,

Please take a few minutes to provide your honest feedback on the auditor’s performance during the recent audit. Your input is valuable in helping us improve our auditing process.

Audit Date: _____

Auditor’s Name: _____

Audited Department: _____

Please put a check in the box that corresponds to your answer.

CRITERIA		Excellent	Good	Fair	Poor
		4	3	2	1
A. The Audit Process					
1.	The audit process was well-organized and efficient.				
2.	The auditor followed a logical and systematic approach.				
3.	The audit plan and objectives were clearly defined.				
B. The Auditor					
<i>Communication Skills</i>					
1.	The auditor effectively communicated the purpose and scope of the audit.				
2.	The auditor was responsive to questions and concerns throughout the audit.				
3.	The auditor explained findings and recommendations clearly and comprehensively.				
<i>Professionalism</i>					
1.	The auditor conducted the audit in a professional manner.				
2.	The auditor showed respect and courtesy to auditees.				
3.	The auditor adhered to auditing standards and guidelines.				
<i>Technical Competence</i>					
1.	The auditor demonstrated a strong understanding of the subject matter.				
2.	The auditor had the necessary technical skills to perform the audit.				
3.	The auditor writes reports objectively, identifying conformities, opportunities for improvement and nonconformities, as applicable.				
<i>Recommendation and Follow-up</i>					
1.	The auditor discussed the findings with the Auditee.				
2.	The auditor discussed potential solutions to identified issues.				
3.	The auditor followed up on previous audit findings (if applicable).				
TOTAL					
Weighted Average (to be computed by the Lead Quality Auditor)					



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City Philippines

INTERNAL QUALITY AUDITOR PERFORMANCE EVALUATION TOOL

		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
C.	Overall Satisfaction	5	4	3	2	1
1.	I am satisfied with the auditor's performance during this audit.					
2.	I believe the audit added value to our department's operations.					
3.	I would recommend this auditor for future audits.					
TOTAL						
Overall Satisfaction Rating <i>(to be computed by the Lead Quality Auditor)</i>						
Additional Comments:						
<hr style="width: 30%; margin: auto;"/> Name and Signature of Unit Head						
Position/Title:					Date: <i>(mm/dd/yyyy)</i>	
<p>Thank you for taking the time to complete the evaluation form. Please send this back in a sealed envelope to the Lead Quality Auditor, Office of Institutional Advancement, 2/F Excel Center or call local 1073. Thank you once again and God bless you.</p>						