|  |  |
| --- | --- |
| Name: | Date: |
| Position: | Time: |
| Business type: | Company Name: |
| Phone: | Email address: |
| Address: | |

**Assessment Rating:**

|  |
| --- |
| Based on your observation and experience of the feedback, rate our services in the following areas as follows:   1. – Unsatisfactory 2 – Poor 3 – Average 4 – Good 5 - Excellent |
| 1. Response of your initial contact with ACTS team 2. Response in preparation for your initial/certification audit      1. Meeting Deadlines and Commitments 2. Delegation of Responsibilities 3. Communication with Company Representative 4. Attitude Towards Others 5. Time Management: 6. Usefulness of the certificate and logo 7. Quality and Style of certificate |

**Recommendations (If any)**

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### The NHASA thanks you for your feedback.

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