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U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

## **FEDERAL-STATE AUDIT STAFF (FSAS) VOLUNTARY FEEDBACK FORM**

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Thank you for taking the time to complete this feedback form. We are interested in your input concerning FSAS's recent self-assessment and/or onsite review. Please supply complete and specific information that will be useful in improving the value and effectiveness of future reviews.

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### **Instructions for completing the form**

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1. Enter the name of the person(s) completing the self-assessment and/or onsite review feedback form.
2. Fill in the name of the auditor or the names of audit team members.
3. Fill in the name of the date(s) of onsite audit. (if applicable)
4. Fill in the date(s) of the audit.
5. Answer the questions as thoroughly as possible.
6. Submit the completed form (and any attached comments) within 10 calendar days of the final report issuance.

By email to:

Keith Gilmore, FSAS Director  
[keith.gilmore@usda.gov](mailto:keith.gilmore@usda.gov)

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Name(s) of State  
Officials:

Names of  
Auditor(s):

State of review:

Dates of onsite  
review  
(If applicable):

### Onsite Review Questions 1-5:

1. Was the scope/time table of the onsite review clear and the onsite review well organized?  
*(please provide any feedback)*

2. Was the onsite review performed in a courteous, respectful, and professional manner?  
*(please provide any feedback)*

3. Was the auditor knowledgeable about the State meat and poultry requirements being reviewed?  
*(please provide any feedback)*

4. Were all questions answered in a clear and concise manner?  
*(please provide any feedback)*

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### Self-Assessment Review Questions 1-6:

*(Please select one: Yes, No or N/A to the following questions):*

Did the auditor exhibit an understanding of your mission/operations/procedures and related MPI program policies?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

Did you have an opportunity to provide explanations or responses to auditor's clarification requests?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

Did you feel the clarification requests were appropriate?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

Did the auditor carry out his/her responsibilities in a courteous and businesslike manner?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

Was there anything about the audit that you especially liked?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

Was there anything about the audit that you especially disliked?

☐ Yes ☐ No ☐ N/A

*(please provide any feedback)*

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5. Were you satisfied with any shared information and guidance the program auditor provided during the onsite review? *(please provide any feedback)*

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Comments/concerns: