FMJS Inspection Evaluation

1. **Inspected Agency Name:**
2. **Today's Date:**
3. **Inspectors' Name(s)**
4. **Date of Inspection:**

**Please give your overall impression of the Inspector/Inspection Team.**

|  | | | **Very good** | | **Good** | **No opinion** | **Poor** | **Very poor** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Knowledge (standards interpretation)** | | |  | | |  |  |  |  |
| **Professionalism** | |  | | |  | |  |  |  |

**Willingness to assist the agency and team members**

**Courtesy**

**Communication skills**

**Performance of the Inspector/Inspection Team**

**Additional comments:**

1. **Please describe any issues or concerns that surfaced regarding the Inspector/Inspection Team during the inspection. If standards related, please provide specifics.**

**7. Was the time allotted for the inspection sufficient to complete all tasks?**

**Too short**

**Just right**

**Too long**

**8. Was the format of the inspection effective in providing a proper evaluation of the agency? Please elaborate.**

**Yes**

**No**

**Comments:**