



INDIAN PHARMACOPOEIA COMMISSION
Medical Device Division (IPC-MDD)
Ministry of Health & Family Welfare, Govt. of India

Sector-23, Raj Nagar, Ghaziabad – 201 002

Tel. No. : 0120-2783392, 2783400, 2783401

Mail : ipc.mdd25@gmail.com, shatrunjay.ipc@gov.in ; Website: www.ipc.gov.in

Format no.: IPC/MDD/QSP/016/01/FMT/01

Feedback from the Medical Device Manufacturer whose Management System has been assessed

Name of the Medical Device Manufacturer:

Type of Audit: Put √ mark against applicable column given below:-

Initial Certification Audit <input type="checkbox"/>	Surveillance Audit <input type="checkbox"/>	Recertification Audit <input type="checkbox"/>	specify if any other:
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Dates of Audit:

Please tick as appropriate for the following:

Sr. No.	Quality of Assessment	Yes	No
1.	Did you get the assessment programme sufficiently in advance?		
2.	Was the assessment carried out as per the programme?		
3.	Did the team leader brief you about the methodology of assessment?		
4.	Were the issues raised relevant, based on requirements / facts?		
5.	Did the assessment team evaluate your system sufficiently to come to a conclusion?		
6.	Did the issues add value in terms of continual improvement of quality management system?		
7.	Were all relevant personnel interviewed?		
8.	Did the assessment team check relevant records to verify and collect evidence of compliance?		
9.	Were the opening and closing meeting conducted professionally?		
10.	Was the assessment team impartial and fair in assessment?		

Sr. No.	Quality of Communication	Yes	No
1.	Were your communications replied to promptly?		
2.	Did you get sufficient information about the certification process before putting in your application for certification?		
3.	Did you get the audit reports in reasonable time from the date of audit?		



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Other Comments, if any:

Name : (required)

Designation : (required)

Date :

Email ID :

Note: Please send the duly filled feedback form to IPC-MDD by email at ipc.mdd25@gmail.com & shatrunjay.ipc@gov.in .