Participant Questionnaire

Training / Intervention Information

Company Name: _____

Proposed Program Title: ISO 9001 Quality Management System Implementation

1. How long have you been with the company? _____

2. What position do you currently hold in the company? _____

3. How long have you been in this position? _____

Instructions: Respond to each question. If you would like to comment, please check the comment or explanation box and record your comments on the back of this form. Please include the question number to which you are commenting about.

Question	Response
Understanding the training need:	
1. Does your company have documented quality control procedures in place?	❑ yes ❑ no ❑ not sure
2. Does your company have a Quality Assurance Manual?	❑ yes ❑ no ❑ not sure
3. How much experience do you have working under an ISO 9001 quality management system?	1 None 2 3 4 5 Extensive
4. How much experience do you have working under a military or similar quality management system?	1 None 2 3 4 5 Extensive
5. Please rate your perception of how ISO 9001 will impact your job performance.	❑ help ❑no change ❑hinder ❑don't know yet
6. Does your company have documented quality control procedures in place?	❑ yes ❑ no ❑ not sure
7. Select an item that best reflects the primary reason for having a quality management system in your company.	❑ scrap reduction ❑ inspection ❑ quality control ❑ customer satisfaction ❑ calibration
8. How would you go about assessing the effectiveness of an ISO 9001 quality management system? (choose one answer)	❑ inspection ❑ survey ❑ profile monitoring ❑ internal audits ❑ assess employee performance
9. Does your company have a copy of ANSI/ISO/ASQ Q9001-2008, Quality Management Systems-Requirements?	❑ yes ❑ no ❑ don't know
10. Does your company have a copy of ANSI/ISO/ASQ Q9000-2005, Fundamentals and Vocabulary?	❑ yes ❑ no ❑ don't know