



STATE OF IDAHO

DEPARTMENT OF AGRICULTURE

C.L. "BUTCH" OTTER
Governor
CELIA R. GOULD
Director

ORGANIC INSPECTOR EVALUATION

In order to ensure that ISDA organic inspectors are provided with a critical evaluation of their job performance on an annual basis, please take a few moments to fill out this evaluation form, fold, tape and mail to ISDA.

General Inspection Process	<i>Needs Improvement</i>	<i>Satisfactory</i>	<i>Excellent</i>
On time for the inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of type of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness of inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of organic standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of ISDA policies	<i>Yes</i>	<i>No</i>	<i>Not Applicable</i>
Was an opening interview conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the inspector well organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an exit interview conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a copy of the findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General evaluation of your organic inspector and suggested improvements:			

Signature

Date

Operation's name / Phone No. _____

Note: Your identity will not be disclosed to the inspector.

Date of Inspection: _____ How long was the inspector at your location? _____

Thank you!