Ref. Code: F- QA- 06 Rev No. 01 Page 1 of 1

## REQUEST FOR OFSQA INFORMATION (INTERVIEWS, DOCUMENTS AND PICTURES)

|   |                                 |                                     | COILLI OF INO:                  |
|---|---------------------------------|-------------------------------------|---------------------------------|
| I, (Name and S interview/ written information from the OFSQA on t   | Section of Cla<br>the following | ass/ Organization. Un<br>g details: | it Office) is requesting for an |
| 1<br>2<br>3   |                                 |                                     |                                 |
| Objectives of the interview/ activity are the following   | ıg:                             |                                     |                                 |
| 1<br>2<br>3   |                                 |                                     |                                 |
| I hereby acknowledge that the initial draft of soft and<br>Safety Assurance before print out for project submit<br>(date) for their necessary filing. |                                 |                                     |                                 |
| The interview schedule will be held onbe as follows:  | at (                            | AM/ PM) until (                     | AM/ PM) only. Interviewers will |
| 1.       (Student ID#         2.       (Student ID#         3.       (Student ID#         4.       (Student ID#         5.       (Student ID#         | #<br>#                          | )<br>)                              |                                 |
| Enclosed is a copy of the questionnaire.  |                                 |                                     |                                 |
| Signature over Printed Name of the Requesting Party Endorsed by:  | y<br>y                          |                                     |                                 |
| Signature over Printed Name of the Faculty/ Adviser   | r/ Unit Offic                   | e Director                          |                                 |
| Approved by:  | Date and                        | Time Approved:                      |                                 |
| FSQA Officer/ Head  |                                 |                                     | _                               |
| Name and Section of Class/ Organization. Unit Office  |                                 |                                     | Control Number:                 |
| For FSQA Approval   |                                 |                                     |                                 |
| The Request is:   |                                 | FSQA R                              | Remarks:                        |
| Approved Date and Time of the Interview:  |                                 |                                     |                                 |