REQUEST FOR OFSQA INFORMATION
(INTerviewS, DOCUMENTS AND PICTURES)

Control No: ______________

I, ___________________________________________ (Name and Section of Class/ Organization. Unit Office) is requesting for an interview/written information from the OFSQA on the following details:

1. _________________________________________________
2. _________________________________________________
3. _________________________________________________

Objectives of the interview/ activity are the following:

1. _________________________________________________
2. _________________________________________________
3. _________________________________________________

I hereby acknowledge that the initial draft of soft and hard copy of this interview output will be given to the Office for Food Safety Assurance before print out for project submittal and a hard copy will be submitted on or before ______________ (date) for their necessary filing.

The interview schedule will be held on ______________ at (______AM/ PM) until (______AM/ PM) only. Interviewers will be as follows:

1. ___________________________________________ (Student ID# ____________ )
2. ___________________________________________ (Student ID# ____________ )
3. ___________________________________________ (Student ID# ____________ )
4. ___________________________________________ (Student ID# ____________ )
5. ___________________________________________ (Student ID# ____________ )

Enclosed is a copy of the questionnaire.

_____________________________________________ ______________________
Signature over Printed Name of the Requesting Party

Endorsed by: ________________________________________________

___________________________ ________________________________
Signature over Printed Name of the Faculty/ Adviser/ Unit Office Director

Approved by: Date and Time Approved: ________________________________

___________________________________________________________
FSQA Officer/ Head

Name and Section of Class/ Organization. Unit Office: ________________________________

Control Number: ____________

For FSQA Approval

<table>
<thead>
<tr>
<th>The Request is:</th>
<th>FSQA Remarks:</th>
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| Approved Date and Time of the Interview: |                   |