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| 1. **AUDIT PROGRAM & TYPES**
 |
| **Food Safety***(Latest version)* |  [ ]  | **Gluten-Free** *(Latest version)* | [ ]  | **Plant-Based***(Latest version)* | [ ]  |  ***START!****(Latest version)* | **Basic**  | [ ]  |
|  |  |  |  |  |  |  | **Intermediate**  | [ ]  |
| *Note: Plant-based audit is not permitted if the site is not certificated against a GFSI approved program or START! (Intermediate).* |
| **Initial Audit** [ ]  | **Renewal Audit** [ ]  | **Extension to Scope** [ ]  |
| 1. **AUDIT OPTIONS**
 |
| **Site Audit** [ ]  | **Blended Audit** [ ]  | **Remote Audit** [ ]  |
| If Blended Audit and/or Remote Audit was chosen, please write the reason:      Indicate type of software to be used (Skype, Zoom, Teams, etc.) in online part:       |
| 1. **CONTACT DETAILS**
2. **Details of Production Site to be Assessed**
 |
| **Site Name:** |       |
| **Address/Postcode/Region/Country:** |       |
| **Telephone:** |       | **The Site's Official Registration Number** |       |
| **Tax Office:**  |        | **Tax Number:** |        |
| **Legal Authority Name:** |       | **Legal Authority Position:** |       |
| **Contact Name:** |       | **Contact Position:** |       |
| **E-mail:** |       | **Mobile:** |       |
| 1. **Other Business Details (if different from above)**
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| **Relationship to Site (Head Office, Co-operative etc.):** |       |
| **Business Name:** |       |
| **Business Address Postcode/Region/Country** |       |
| **Telephone:** |       |
| **Tax Office:**  |        | **Tax Number:** |        |
| **Contact Name:** |       | **Position:** |       |
| **E-mail:** |       | **Mobile:** |       |
| **Is the Head Office the main contact for BRCGS Directory?**  | [ ]  YES [ ]  NO  | **Contact Name:** |       |
| 1. **ADDITIONAL VOLUNTARY MODULES (AVMs)**
 |
| **Module 10** | GLOBAL G.A.P. Chain of Custody |[ ]
| **Module 11** | Meat Supply Chain Assurance |[ ]
| **Module 13** | Food Safety Modernization Act (FSMA) |[ ]
| **OTHER** | Food Safety Culture Excellence |[ ]
| **OTHER** | AVM Title:       |[ ]
| 1. **REQUIREMENTS FOR HIGH RISK, HIGH CARE, AMBIENT HIGH CARE & TRADED PRODUCTS**
 |
| **Section 8** | High Risk Number & Type:       |[ ]
|  | High Care Number & Type:       |[ ]
|  | Ambient High Care Number & Type:       |[ ]
| **Section 9** | Number and Type of Traded Products (If any):       |[ ]

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| 1. **EVALUATION AND PROCESS DETAILS**
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| Please submit the information requested below as an annex to this form: |
| [ ]  A Site Plan[ ]  Organization Chart[ ]  Products Flow Charts[ ]  A Summary of All HACCP Plans | [ ]  Current Document List[ ]  Trade Registry Document[ ]  Business Registration Certificate |
| **Language of the company/site** |       |
| **Wording of Proposed Scope, including Traded Goods (if any)**\*It is your responsibility to ensure that production program at time of the audit covers products for the intended scope of the certification. | Scope:     Traded (Pre-packed) Good details:       |
| **Request for and justification for any proposed Exclusions from the scope. Note that Exclusions are only granted by exception. The exclusion of products produced at a site will only be acceptable where the excluded products:*** **can be clearly differentiated from products within the scope, and**
* **products are produced in a physically segregated area**

**Where a site handle traded goods and the section 9 of BRCGS Food Safety Std is excluded, a description of the excluded products must be provided.** | Exclusions:     Justification:      Traded (Pre-packed) goods:      |

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| 1. **BRCGS PRODUCT CATEGORIES**
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| **1** Raw red meat |[ ]  **2** Raw poultry |[ ]
| **3** Raw prepared products |[ ]  **4** Raw fish products/preparations (include cold smoked) |[ ]
| **5** Fruit, vegetables, and nuts: |[ ]  **6** Prepared fruit, vegetables, and nuts |[ ]
| **7** Dairy, liquid egg |[ ]  **8** Cooked meat / fish products (to include hot smoked) |[ ]
| **9** Raw cured / fermented meat and fish |[ ]  **10** Ready meals / sandwiches, ready to eat desserts |[ ]
| **11** Low / High acid in cans / glass |[ ]  **12** Beverages |[ ]
| **13** Alcoholic drinks & fermented /brewed products |[ ]  **14** Bakery |[ ]
| **15** Dried foods and ingredients |[ ]  **16** Confectionery |[ ]
| **17** Cereals and snacks |[ ]  **18** Oils and fats |[ ]
| **List any retailer brands you supply. (e.g., Tesco, Costco etc.)** |       |

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| 1. **SITE DETAILS**
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| **Size of Site (please state actual sizes in square meters):**  | **Total area of site (m2) - covered and external areas combined** | **Size of Production Areas Only (m2)** | **Size of Storage Areas Only (m2)** |
|       |       |       |
| **When was the site built?** |       |
| **Are all operations undertaken at this location? If no, please give details of any outsourcing.** | [ ]  YES[ ]  NO      |
| **Detail any off-site storage areas under the control of site management** | \*In the vicinity of the company – within 50 km radius of the production facility      |
| **Number of HACCP Plans / Studies** | HACCP plan: a family of products with similar hazards & production technology      |
| **Number and type of product lines** **Number and type of packing lines** (e.g., glass bottles/can/flow-wrap/MAP/bag in box/big bag) |            |
| **Maximum number of employees on site during the MAIN shift at the PEAK of the season** | \*Must include seasonal staff in that shift, the administration, sales, etc.Permanent & Seasonal:       |
| **Describe Shift Patterns / Working Hours**  | \*Including actual shift start and finish times / days of the week. (Indicate if production / cleaning shifts)      |
| **Are there any products or processes that are seasonal, or that do not run all year?** | **Please list any relevant products/ processes, and the excepted time of year that they take place.**      |
| **Give the information about Gluten-Free and/or Plant Based production period** | If so, please confirm product and season:       |
| **Details of any significant changes since your last BRCGS audit.** | For example: changes of key personnel, new technologies, extension/reduction in product range, change of location, change of ownership, product recalls, etc.      |
| **Do you get any consultancy service and if yes, for which standard?** | [ ]  YES[ ]  NO | Standard(s)  | :       |
| Consultant company  | :       |
| Name of the consultant(s)  | :       |

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| 1. **BRCGS/IFS UNANNOUNCED AUDIT HISTORY**
 |
| **Date (Unannounced)** | **Scheme/Standard** |
|       |       |
|       |       |
|       |       |

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| 1. **CERTIFICATION STATUS**
 |
| **Have you previously been registered for BRCGS Food Standard? If yes, please give details.** | [ ]  YES [ ]  NO  | **Site Code** | :       |
| **Certification Body**  | :       |
| **Auditor** | :       |
| **Reaudit due date** | :  |
| **Is this site already certificated for any?*** **BRCGS Additional Voluntary Modules**
* **Retailer modules such as Costco**
* **Other standards e.g., ISO 22000, IFS**
 | [ ]  YES[ ]  NO  | If yes, state AVM / scheme name and last evaluation date:       |
| **Please send a copy of your previous report & certificate (preferably 2 years if any) in case of audited by another Certification Body.** |

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| 1. **ABOUT LOCAL DATA PROTECTION LAW**
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| Clarification text of USB Certification for Local Data Protection Law can be found at [www.usbcertification.com](http://www.usbcertification.com). |

**Contact Name:** **Position :**

**Signature :** **Date :**