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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)** | | | | | | | | | | | | | | | | | | |
| **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** | | |
| 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** | | | |
| **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** | | | | | |
| **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)** |
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| **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** |
| 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 :**