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| 1. **AUDIT PROGRAM & TYPE**
 |
| [ ]  **IFS Food** ***(Latest Version)*** | **IFS Progress Food** ***(Latest Version)*** | [ ]  **Basic Level** |
| [ ]  **Intermediate Level** |
| 1. **AUDIT OPTIONS**
 |
|  **Initial Audit**[ ]  | **New Initial Audit**[ ]  | **Recertification Audit**[ ]  | **Extension to Scope**[ ]  | **Split Audit**[ ]  |
| *Note: For the sites requesting Progress Food, only intermediate level is allowed for split audit option.* |
| 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 & E-mail:** |       |
| **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 IFS Database?**  | [ ]  YES [ ]  NO  | **Contact Name:** |       |
| 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** \*It is your responsibility to ensure that production programme at time of the audit covers products for the intended scope of the certification. |       |
| **Exclusions from the scope**It is not permissible to exclude parts of the process or parts of the Standard. Exclusions are allowed only if:- The products are clearly different from those in the scope.- If the excluded products have no interaction with the products in the scope.- If they form a minority of the production, and- If they are produced in a separate area, or- If they are produced on different equipment, or- If they are produced at a different time of year. | List and justify any intended exclusions       |
| **Traded (Pre-packed) Goods:** |       |

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| 1. **IFS FOOD PRODUCT SCOPES**
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| **1** Red and white meat, poultry, and meat products |[ ]
| **2** Fish and fish products |[ ]
| **3** Egg and egg products |[ ]
| **4** Dairy products |[ ]
| **5** Fruit and vegetables |[ ]
| **6** Grain products, cereals, industrial bakery and pastry, confectionery, snacks |[ ]
| **7** Combined products |[ ]
| **8** Beverages |[ ]
| **9** Oils and fats |[ ]
| **10** Dry goods, other ingredients, and supplements |[ ]
| **11** Pet food |[ ]
| **Where product scope 7 (Combined products) is selected, please list all the individual product groups that are used as ingredients, and if they undergo any processing on-site before use:** |
| **Ingredient group** | **Processed before use (Yes/No)** | **Processes carried out** |
| *e.g. 1 / 2 / 6* | *Yes* | *Chopped & blended* |
|       |       |       |

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| 1. **PRODUCT TECHNOLOGY SCOPES**
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| **Please tick** **ü** | **IFS Processing Step** | **Technology Focused Classification**  |
|[ ]  **P1** | **A** | Sterilization (e.g., cans) | Sterilization (in final packaging) with the purpose to destroy pathogens. Sterilized (e.g., autoclaved) products in final packaging. |
|[ ]  **P2** | **B** | Thermal pasteurization, UHT/aseptic filling, hot filling. Other pasteurization techniques e.g., high-pressure pasteurization, microwave | Pasteurization with the purpose to reduce food safety hazards (and UHT process). |
|[ ]  **P3** | **C** | Irradiation of food | Processed products: Treatment with purpose to modify product and/or extend the shelf life and / or reduce food safety hazards by preservation techniques and other processing techniques. Note – exception: Irradiation is attributed to this category although aimed at the destruction of microorganisms. |
|[ ]  **P4** |  | Preserving: Salting, marinating, sugaring, acidifying/pickling, curing, smoking, etc. Fermentation, acidification |  |
|[ ]  **P5** |  | Evaporation/dehydration, vacuum filtration, freeze drying, microfiltration (less than 10μ mesh size) |  |
|[ ]  **P6** | **D** | Freezing (at least – 18 °C / 0 °F) including storage quick freezing, cooling, chilling processes and respective cool storing | Systems, treatments to maintain product integrity and or safety. Treatment with purpose to maintain the quality and / or integrity of the products including treatments to remove contamination and / or prevent contamination. |
|[ ]  **P7** |  | Antimicrobial dipping/spraying, fumigation |  |
|[ ]  **P8** | **E** | Packing MAP, packing under vacuum | Systems, treatments to prevent product contamination. P9 is applicable in any case when there are at least 2 procedures / methods implemented in a company to guarantee product safety / product hygiene e.g.:* disinfection of equipment + chilled room temperature (e.g., dissection of meat)
* disinfection + special hygiene equipment for employees (e.g., hygiene sluice)
* room with over-pressure + special hygiene equipment for employees (e.g., hygiene sluice),
* air filtration + room with over-pressure
 |
|[ ]  **P9** |  | Processes to prevent product contamination esp. microbiological contamination, by means of high hygiene control and specific infrastructure during handling, treatment and/or processing e.g., clean room technology, “white room”, controlled working room temperature or food safety purpose, disinfection after cleaning, positive air pressure systems (e.g., filtration below 10 μ) |  |
|[ ]  **P10** |  | Specific separation techniques: e.g., filtration like reverse osmoses, use of active charcoal |  |
|[ ]  **P11** | **F** | Cooking, baking, bottling, brewing, fermentation (e.g., wine), drying, frying, roasting, extrusion, churning | Any other manipulation, treatment, processing not being listed in A, B, C, D, E and not controlled as a CCP or as a control measure. |
|[ ]  **P12** |  | Coating, breading, battering, cutting, slicing, dicing, dismembering, mixing/blending, stuffing, slaughtering, sorting, manipulation packing, storing under controlled conditions (atmosphere) except temperature, labelling |  |
|[ ]  **P13** |  | Distillation, purification, steaming, damping, hydrogenating, milling |  |

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| 1. **SITE DETAILS**
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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      |
| **Please confirm if you carry-out any treatment on water to be used on site** | [ ]  Filtration [ ]  Reverse osmosis [ ]  Chemical (e.g., chlorination) [ ]  Distillation [ ]  UV [ ]  None[ ]  Other:        |
| **Please confirm what the water is used for (e.g., ingredient / cleaning only / product transfer)** |       |
| **What is the size of the production & storage areas of the site (sq meters)?** |       |
| **GLN Number (Optional for Turkey)** |       |
| **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) |            |
| **Total number of employees at the PEAK of the season** | \*Must include seasonal staff, the administration, sales, etcPermanent & 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 expected time of year that they take place**.**      |
| **Details of any significant changes since your last IFS 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**
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| **Date (Unannounced)** | **Scheme/Standard** |
|       |       |
|       |       |
|       |       |

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| 1. **CERTIFICATION STATUS**
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| **Have you previously been registered for the IFS Food Standard? If yes, please give details.** | [ ]  YES [ ]  NO  | **COID** | :       |
| **Certification Body** | :       |
| **Auditor** | :       |
| **Reaudit due date** | :       |
| **Are you currently certified to any Standard (e.g., BRCGS / other)?** | [ ]  YES [ ]  NO | If yes, state scheme name and last evaluation date: |
| **Please send a copy of your last report, certificate & action plan (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 :**