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| 1. **AUDIT PROGRAM & TYPES** | | | | | | | | | | | | | | |
| Food Safety *(Latest version)* | | |  | | **Gluten-Free**  *(Latest version)* | | |  | **Plant-Based**  *(Latest version)* | | | |  | |
| *Note: Plant-based audit is not permitted if the site is not certificated against a GFSI approved program or START! (Intermediate).* | | | | | | | | | | | | | | |
| 1. **AUDIT OPTIONS** | | | | | | | | | | | | | | |
| Initial Audit | | | |  | | | Renewal Audit | | | |  | | | |
| 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:** | |  | | | | | | | | | | | | |
| Address/Postcode/Region/ Country | |  | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | | | | | | | | |
| **Tax Office:** | |  | | | | | **Tax Number:** | | |  | | | | |
| **Contact Name:** | |  | | | | | **Position:** | | |  | | | | |
| **E-mail:** | |  | | | | | **Mobile:** | | |  | | | | |
| **Is the Head Office the main contact for the 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: | | | | | | | | | | |  | |

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| 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. **SITE TO BE EVALUATED 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 programme 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** * **the products are produced in a physically segregated area of the factory**   **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 and preparations (include cold smoked) | |  |
| **5** Fruit, vegetables, and nuts: |  | **6** Prepared fruits, 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)** |
|  | |  | |  |
| **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 bottle/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)  Metin girmek için buraya tıklayın veya dokunun. | | | | |
| **Earliest Audit Start Time Requested: e.g., 8:00 am, 9:00 am.** |  | | | | |
| **State person to whom the auditor should report upon arrival, and deputies (at least one).** |  | | | | |
| **Are there any products or processes that are seasonal, or that do not run all year?** | Please list anyrelevant products/ processes, and the expected 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 | | | | |
| **NON-OPERATIONAL DAYS**  **Days when the factory is not operating (weekends, public holidays, planned shout downs for the site holidays or maintenance)** |  | | | | |
| **NON-AUDIT DAYS (For Non-seasonal sites)**  **Please nominate 10 days (for annual certificated sites) or 5 days (for 6-month certificated sites) when your site is not available for audit. E.g. Planned customer visit. Adequate justification must be also provided. Please note that USB reserves the right to challenge the proposal in case the reasoning appears to be inappropriate.** | Important - IF THE DATES SHOULD CHANGE, THE UPDATED INFORMATION MUST BE PROVIDED AT LEAST 4 WEEKS IN ADVANCE AND THE REASON PROVIDED. | | | | |
| **NON-AUDIT DAYS (For seasonal sites)**  **For seasonal sites if the season is less than the 4-month audit window, the maximum number of non-audit dates will be reduced on a pro rata basis** | Important - IF THE DATES SHOULD CHANGE, THE UPDATED INFORMATION MUST BE PROVIDED AT LEAST 4 WEEKS IN ADVANCE AND THE REASON PROVIDED. | | | | |
| **Details of any significant changes since your last BRCGS audit.** | For example: changes of key personnel; new technologies; extension or reduction in product range; change of location; change of ownership; product recalls, etc. | | | | |
| **Details of any expected significant changes in the next year and planned dates. (Examples as above).** |  | | | | |
| **Do you get 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:** | : |
| **Are you currently certificated to any**   * **BRCGS Additional Voluntary Modules** * **Retailer modules such as ASDA or 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 :**