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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** | | **Renewal Audit** | **Extension to Scope** | | | **Remote Surveillance Check** | | | **Split Assessment** |
| *Note: For the sites requesting Progress Food, only intermediate level is allowed for split assessment 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:** | |  | | | |
| **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 IFS Database?** | | | | YES  NO | **Contact Name:** | |  | | | |
| 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**  \*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** | | | |
| **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** | | | | |
| **Please tick** **✓** | **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** | | | |
| **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, 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 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** | | |
| **Date (Unannounced)** | **Scheme/Standard** |
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| 1. **CERTIFICATION STATUS** | | | |
| **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** |
| 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 :**