|  |  |  |
| --- | --- | --- |
| **Is this an initial certification** | **No**  **Yes** | |
| **Supplier Legal Name\***  **(company type: .: Inc., LLC, Corp.,)** |  | |
| **Site Name (if different than above)\*** |  | |
| **Site Street Address\*** |  | |
| **City, State/Providence, Zip/PC, Country\*** |  | |
| **Postal Address (if different)** |  | |
| **Website Address** |  | |
| **Is there a Parent Company / Name** | Yes No | **Parent Company**: |
| **Contact person; Position/Title\*** |  | |
| **Contact Email Address\*** |  | |
| **Contact Telephone Number\*** |  | |
| **Company Phone Number\*** |  | |
| **HACCP training** (as applicable)\*\* | Training Provider      Date and Duration | |
| **Standard-specific training**  (as applicable)\*\* | Training Provider      Date and Duration | |
| **Are you currently certified to another management system standard?**  *EXAMPLES:*  *ISO 9001, ISO 170001, etc***.)** | **No**  **Yes:**   |  |  | | --- | --- | | **Standard(s) Names:** |  | | **Certificate Exp. Date:** |  | | **Certification Body:** |  | | **Date of Last Audit:** |  | | **Name of Auditor:** |  | | |
| **If a returning client: Describe any changes, which could affect the scope or duration of certification for your next audit.**  *- Changes in number of personnel in the company?*  *- Changes in food safety team?*  *- Change in plant size?*  *- Changes in processes, new lines, and new products?*  *- OTHER* | - Changes in number of personnel in the company?  - Changes in food safety team?  - Change in plant size?  - Changes in processes, new lines, and new products?  - OTHER | |
| **Have you worked with a consultant to develop your current food safety management system?** | **If yes, list the name(s):**        **Are you still working with the consultant?**  **Yes  No - completed (date):** | |
| **If Transferring from another Certification Body, list names of your past auditors and audit types** | **1 year ago Auditor name:**       Announced  Unannounced  **2 years ago Auditor name:**       Announced  Unannounced  **3 years ago Auditor name:**       Announced  Unannounced | |
| **If TRANSFERRING from another CB, please attach the listed documents to complete CB Transfer process:** | *- Last three years’ certificates*  *- Last three years’ Audit Reports*  *- Proof of Customer Complaints are responded*  *- Are you due for a Surveillance Audit (SQF sites only)* | |
| **SELECT DESIRED**  **FOOD SAFETY STANDARD**  *NOTE: If you do not see the Standard desired, please indicate it separately IN ’OTHER’ option.* | **BRCGS (Please Select one of the following below):**  **BRCGS Food**  **BRCGS Packaging  BRCGS Storage & Distribution**  **OTHER BRCGS**  **SQF (Please Select one of the following below):**  **SQF Primary Production / Growing: Plant / Animal / Aquaculture**  **SQF Animal Product (Meat) Manufacturing: FSC 7, 8, 9**  **SQF Food Manufacturing: FSC 10~22 & 25, 33**  **SQF Storage and Distribution FSC 26**  **SQF MANUFACTURE OF FOOD PACKAGING FSC 27**  **SQF Dietary Supplements Manufacturing: FSC 31**  **SQF Pet-food Manufacturing: FSC 32**  **SQF Animal Feed Manufacturing: FSC 34**  **SQF QUALITY**  **FSSC 22000**  **ISO 22000**  **HACCP/GMP (Please Select one of the following below):**  Non-Accredited  Accredited  **Costco Stand-alone (GMP/ Small Supplier)**  **Costco GFSI Addendum**  **Pre-Assessment (against any of the above Standards)**  **OTHER:** | |
| **Regulatory Authorities & Regulations your operations and products fall under** | **USFDA  USDA  CFIA  Other:** | |
| **AUDIT DATES and AUDIT TYPES PREFERRED**  ***(Month/Year)*** | **Pre-Assessment (optional):**  **Off-site audit (if partial audit):**  **Facility/Certification Audit:**  **Unannounced Audit Window (60 days):** | |
| **Are any of your operations seasonal?**  ***(open few months in a year depending on raw material availability)*** | **No  Yes – Describe Materials** | |
| **Food Manufacturing & Packaging manufacturing:**  ***Do you outsource any part of your process?*** | **No  Yes – Describe** | |
| **Food Manufacturing & Packaging manufacturing: *Do you buy/store and sell other finished products not produced at your facility (Traded Goods)?*** | **No  Yes – Describe** | |
| **BRCGS STORAGE & DISTRIBUTION sites:**  **Check all applying additional services performed** | **STORAGE**  **DISTRIBUTION (***own fleet***)**  **MODULES for STORAGE & DISTRIBUTION::**  **WHOLESALE (BUY-SELL)** *(branded, client-brands)*  **CROSS-DOCKING** *(external, contracted)*  **E-COMMERCE** *(from the owned storage facility)*  **CONTRACTED SERVICES for CLIENTS:**  Inspection, Contract-packing, Contract-Inspection, Contract-weigh-checking, Contract-freezing/cooling/defrosting/High-Pressure-Processing,  Contract-cleaning, Contract Waste/Recycling | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If your operation has multiple buildings affected by the scope of the audit and/or the scope of certification, i.e.\*\***  • multiple buildings co-located on a facility campus; or  • multiple co-operational buildings located less than or equal to 30 miles/50 km apart | **Single Building**  **Multiple Buildings**   |  |  | | --- | --- | | **Building Name/Address**  **(if different than Page 1)** | **Description of Building**  **Activities** | |  |  | |  |  | |  |  | | | |
| **Total Facility Size**  **(specify square feet or square meters)\*** | **square feet**  **square meters** | | |
| **Approximate percentages**       %Production  **of overall facility size:**       % Warehouse        % Offices/ Other | | |
| **Number of Production Lines** |  | | |
| **Total employee count**  **including all upper management\*** | Employees\* Number of Shifts | | |
| **Highest Number of Employees On a Single Shift**  **(Including Management and Administrative Staff)\*** | Employees\*  **1st Shift**  **2nd Shift**  **3rd Shift** | | |
| **Primary Language(s)**  **Is an interpreter required?** | **Primary language(s) spoken:**        **If, other language(s) spoken:**  **Interpreter is required (Yes/No):** | | |
|  | | | |
| **Total Number of HACCP / Food Safety Plans** | HACCP(s)\* or HARA | | |
| **HACCP / Food Safety Plan Description**  **a. List major processing steps in each plan**  **b. List your finished products covered in each plan** | **HACCP Plans or HARA** | **PROCESSING STEPS** | **FINISHED PRODUCT TYPES** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4 .** |  |  |

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| **Your Finished Products\*:**  *- What are the products?*  *Describe specifics of final product (dry, refrigerated, cooked, frozen, acidified, low-acid sterilized, or packaging material PET/PE/HDPE, or storage of…)*  *- How they are made, describe process?*  *- What are they packed in?*  *- for Retail, Foodservice, Manufacturing?* |  |
| **Complete Description for Scope:**  ***EXAMPLES:***  *1. “fully-cooked chicken nuggets, breaded, par-fried and frozen; packed in plastic bag and retail boxes”*  *2. “Baked cookies with or without dry fruits; packed in plastic bags and bulk carton boxes.”*  *3. “Pasteurized liquid milk, filled in PET bottles or plastic jugs for retail. AND Pasteurized orange juice filled in plastic jugs for retail.”*  *4. “Storage of ambient, refrigerated and frozen food and packaging materials”*  *5. “Narrow-neck press and blow of flint glass bottles for use with soft drinks”* |  |
| **Please list any processes, products, and/or facility premises which you wish to be excluded from the scope of the audit and the final certification. (Any permitted exclusions must be detailed in writing prior to the certification audit).**  **No Exclusions Requested (in terms of products, processes, and/or facility premises)**  **Exclusions Requested – Describe** | |
| **Additional information about your**  **operations and/or facility** |  |
| **Extra copies of Certificates / Languages**  (Additional Charges apply) | **English  Espanyol  French  Other- List** |

**PLEASE INSERT DATE BELOW**

**DATE**

HOW DID YOU HEAR ABOUT US?

TUV USA contacted me

Internet search of Certification Bodies

From an industry associate

Other (………………….)