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| **GENERAL INFORMATION: Is this an initial certification?  No**  **Yes** | |
| **Supplier Legal Name\*** |  |
| **Site Name (if different)\*** |  |
| **Street Address\*** |  |
| **City, State/Providence, Zip/PC, Country\*** |  |
| **Postal Address (if different)** |  |
| **Website Address** |  |
| **Legal Status** | Corp (Inc.) LLC  Partnership Sole Proprietor  Trust/estate  Other |
| **Is there a Parent Company** | Yes No |
| **Food Safety Management Representative\*** |  |
| **Position Title within Organization\*** |  |
| **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 a food safety and/or management system standard?** | **No**  **Yes – Standard(s)**        **Exp. Date**        **Date of last audit**       **Certification Body**       **Name of Auditor**  **Have any changes in your operations (products/facility/ownership, etc.) occurred which could**  **affect the scope of certification for your next audit?** |
| **If Transfering from another CB,**  **list your past auditors and**  **audit type for the standard in which you are inquiring about\*\*** | ***\*Required Informationn***  ***\*\*If Applicablee***  **1 year ago**       Announced  Unannounced  **2 years ago**       Announced  Unannounced  **3 years ago**       Announced  Unannounced |
| **FOOD SAFETY STANDARD/CRITERIA\***  If checking more than one standard,  please indicate whether you are requesting separate comparative quotes or a quote for a combined audit | **BRC (Please Select one of the following below):**  **BRC Food**  **BRC Packaging  BRC Storage/Distribution  BRC START**  **SQF (Please Select one of the following below):**  **SQF Food Safety Fundamentals (formerly level 1)**  **SQF HACCP-Based Food Safety (formerly level 2)**  **SQF Food Quality (formerly level 3)**  **SQF Ethical Sourcing**  **IFS (Please Select one of the following below):**  **IFS Food Safety  IFS Logistics  IFS HPC**  **FSSC 22000**  **HACCP/GMP (Please Select one of the following below):**  Non-Accredited  Accredited  **Costco Stand-alone (GMP/ Small Supplier)** |
| **Additional customer-specific criteria/ modules required as part of your next certification audit** | **Pre-Assessment  FSMA  Traded Goods (BRC)  Costco Addendum**  **Other- Please Describe** |
| **Applicable regulatory authorities & regulations** |  |
| **Have you worked with a consultant**  **to develop your current food safety management system?** | **No**  **Yes If yes, who?**        **Are you still working with the consultant?**  **Yes  No - completed (date):** |
| **TENTATIVE AUDIT DATES PREFERRED\*** | **Month/Year**  **Pre-Assessment (optional)**  **Document Audit (SQF Only)**       **preferred as:  Onsite  Offsite**  **Facility Audit** |
| **Are any of your operations seasonally dependent?** | **No  Yes – Describe** |
| **Do you produce any of your own product packaging?** | **No  Yes – Describe** |
| **Do you outsource any activities?** | **No  Yes – Describe** |
| ***\*Required Informationn***  ***\*\*If Applicablee*** | |
| **Do you warehouse any finished product which was not produced at your facility?** | **No  Yes – Describe** |
| **Does your facility engage in contract manufacturing?** | **No  Yes – Describe** |
| **Does your facility engage in contract Packaging?** | **No  Yes – Describe** |

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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  please describe briefly: | **Single Building**  **Multiple Buildings**   |  |  | | --- | --- | | **Building Name/Address**  **(if different than Page 1)** | **Description of Building**  **Activities** | |  |  | |  |  | |  |  | | | | |
| **Total Facility Size (specify either 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 (FTE Including Management and Administrative Staff)\*** | Employees\*  **1st Shift**  **2nd Shift**  **3rd Shift** | | | |
| **Primary Language** | **Primary language(s) spoken by management:**        **Primary language(s) spoken by employees:** | | | |
| ***\*Required Informationn***  ***\*\*If Applicablee*** | | | | |
| **HACCP PLANS AND PROCESS/PRODUCT DESCRIPTIONS FOR THIS FACILITY:**   * **Please identify all major processing steps and finished products according to your individual HACCP plans. Add lines as needed.**   **If you are a contract manufacturer and/or packer, please ensure your full range of manufacturing/packing capabilities are described below in terms of finished products unless you are seeking exclusions which should be described further below.** | | | | |
| **Total Number of HACCP Plans\*** | HACCP(s)\* | | | |
| **HACCP Plan Name & Description** | **HACCP Plans** | **HACCP PLAN NAME/TYPE** | **MAJOR PROCESSING STEPS** | **FINISHED PRODUCTS/ /PRODUCT TYPES** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

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| --- | --- | --- |
| **Processes\*** | Number of Processes       Describe/ List | |
| **Please List All of Your Products\*** |  | |
| **Product Category & Scope\*** |  | |
| **Description of the Manufacturing Process\*** |  | |
| **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 will be approved in writing in advance of the facility certification audit.)**  **No Exclusions Requested (in terms of products, processes, and/or facility premises)**  **Exclusions Requested – Describe** | | |
| **Additional information**  **to know about your**  **operations and/or facility** |  | |
| **Number of Additional Certificates**  (Additional Charge) | **English  Spanish  French  Other- List** | |
| **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Owner/Senior Executive or Manager\*** | | **If completed electronically,**  **please indicate signature here with an “X”** |
| **Name (Please Print)\*:** | | **Date\*:** |
| **Position Title\*:** | | **Phone\*:** |

**TUV USA USE ONLY: APPROVED FOR QUOTATION BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**