**1. General information on company / location**

(for companies with multiple locations, please complete the form for each individual location)

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| **Location no. \_\_\_\_\_\_ of \_\_\_\_\_\_** | | | | | | | |
| 1. **General Information:** | | | | | | | |
| Name and company type \* |  | | | | | | |
| H.O Address |  | | | | | | |
| Site Address  (If site & H.O are the same write N.A) |  | | | | | | |
| Street/house number \* |  | | | | | | |
| Postcode/city/country \* |  | | | | | | |
| Contact person/position \* |  | | | | | | |
| Tel-no.\* |  | | | | | | |
| Email-adress\* |  | | | | | | |
| Homepage |  | | | | | | |
| Official company registration no.\* |  | | | | | | |
| FSSAI Licence No \* |  | | | | | | |
| GST no. \* |  | | | | | | |
| 1. **Site Specific Information:** | | | | | | | |
| Description of the product groups \* |  | | | | | | |
| Scope of certification |  | | | | | | |
| Brief description of the production process / activity including the key process steps \* **(site)** |  | | | | | | |
| Scope/brief description of the production process / activity including the key process steps \* **(H.O)** |  | | | | | | |
| Are there seasonal activities?\* |  | | | | | | |
| If yes, please indicate the period of seasonal activities |  | | | | | | |
| Any specific black out days (specify number of days). *Shall not exceed more than 15 days per year* |  | | | | | | |
| Weekly shut down days |  | | | | | | |
| No of HACCP studies |  | | | | | | |
| Number of processes included in HACCP studies |  | | | | | | |
| No of assured sources (for FAMI-QS) |  | | | | | | |
| No of non-assured sources (for FAMI-QS) |  | | | | | | |
| Accreditation required | DAKKS  NABCB  ANSI  Others | | | | | | |
| Type of audit \* | Initial certification  Re-certification  Scope Extension  Site Addition  Upgrade  Transfer | | | | | | |
| Language used in the company \* |  | | | | | | |
| Documentation available in thefollowing languages (e.g. managementreview, internal audit, risk analysis, analysis manual) \* |  | | | | | | |
| Preferred audit language \* |  | | | | | | |
| Preferred report language \* |  | | | | | | |
| Total number of employees \* |  | | | | | | |
| Employees calculated as full-time equivalents (FTE)\* |  | | | | | | |
| Number of shifts \* |  | | | | | | |
| Number of employees per shift calculated as full-time equivalents (FTE)\* | Shift 1 |  | Shift 2 |  | | Shift 3 |  |
| Administrative employees calculated as full-time equivalents (FTE) \* |  | | | | | | |
| Typical raw materials used in production\* |  | | | | | | |
| Please indicate specific activities covered in each shift\* |  | | | | | | |
| Size of production area including storage spaces \* |  | | | | | | |
| Are there outsourced processes (e.g. banding, packaging, warehousing) and/or subcontractors? \* |  | | | | | | |
| Is there another location under the same legal entity where manufacturing processes and/or logistical activities are carried out (off-site activities) ? | yes  no  If yes, is the location certified against a GFSI recognized scheme?  yes  no  If not, please provide the following information:   1. Name and Address of the location 2. Product specific activities on the location 3. Number of employees calculated as full-time equivalents (FTE) | | | | | | |
| Number of suppliers? (information necessary for a Broker certification).\* |  | | | | | | |
| Are there centralised processes (processes organised by head office for multiple locations, e.g. purchasing, sales, product development)? | yes  no  If yes, in case of unannounced audits (only applies to IFS Food and FSSC 22000), is a separate audit of the head office desired?  yes  no | | | | | | |
| Existing certifications  (please enclose certificates) \* |  | | | | | | |
| Is a pre-audit desired? |  | | | | | | |
| Desired audit date (month, calendar weeks or specific appointment |  | | | | | | |
| Were you supported by a consultant?  *(If yes, please indicate name of consultant.)* |  | | | | | | |
| Has your company received in-house training from a TÜV NORD / TUV India? |  | If yes, please indicate training providers and trainers: | | |  | | |
| **Special features / remarks** |  | | | | | | |

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| 1. **Site Specific Information: (for multi site cases only)** | | | |
| **Sr. No** | **Site details** | **No of employees** | **Activities / Products on site** |
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| 1. **Factors that may have an influence on the audit effort.** | | |
| If multiple standards are to be certified, is combined auditing desired? | Yes | No |
| Would you like a remote audit? | Yes | No |
| Do you have the necessary infrastructure for the remote audit? | Yes | No |
| Desired audit date |  | |

*\*compulsory fields*

I hereby confirm that our data may be stored within the framework of quotation generation, and for process and order handling.

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| Place, Date |  | Name |  |

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| **2. Desired Certifications** | | |
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|  | **BRC GS – Food**  **HACCP**  **ISO 22000**  **FSSC 22000 – Food**  **BRC GS – Packaging**  Glass manufacture & Shaping  Paper manufacture and processing  Metal forming  Forming solid plastics  Manufacture of flexible plastic containers  Other products  Printing processes  **FSSC 22000 – Packaging**  Plastics  Paper & Board  Metal  Glass & Ceramics  Wood  Others  **FAMI-QS**  Production  Trading |
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