The information requested in this form is needed for the preparation of an adequate service proposal by LSQA SA.

All information provided by the client will be treated confidentially.

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| 1. General information |

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| --- | --- |
| Organization name: |       |
| Business name: |       |
| RUT / CUIT / RFC / CIF / Other |       |
| Company Address: |       |
| City / Country:  |       |
| P.C. of Company Name:  |       |
| Phone: |       |
| E-mail: |       | Website: |       |
| Name of the legal representative of the organization: |       | E-mail: |       |
| Name of Financial contact(person to direct the invoice to): |       | E-mail: |       |

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| **2. Business sector** |

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| Business Sector: |       |
| Main Products / Services: |       |
|  |       |
|  |       |
|  |       |
|  |       |
| Legal requirements applicable to the organization: |       |
| If the production / activity is seasonal, indicate the season: |       |

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| **3. Site Data** |

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| Site name: |       |
| Site address: |       |
| City Country:  |       |
| Phone: |       |
| Name of the Audit counterpart |       | E-mail: |       |
| Do you have key outsourced processes? Describe: |       |
| In case the centralized processes are elsewhere (eg Head office), Indicate:* Location/Address
* Activities
* Number of sites included under the HO functions
 |       |
| In case of having Storage outside the production site, and managed by the company itself, indicate:* Location/Address
* Activities
* Distance to site (km)
* Property
* Surface (only for BRCGS)
 |       |

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| Total number of workers in the organization:  |       | No. of workers in the Main Shift (FTE) |       |
| ***Note:*** *Include all members of the levels involved in the organization's processes, regardless of the nature of their hiring (including seasonal personnel).* |
| Number of shifts:Shift schedule:Number of workers per shift: |                 |
| Description of activities per shift **if different from main shift**: |       |
| Number of HACCP Plans (linked to product groups): |       |
| ***Note****: HACCP plans can be grouped by groups of similar products / technology* |
| Site Operations start date: |       |
| ***Note:*** *There must be at least three months of records prior to the audit* |

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| **Complete only for BRCGS** |
| Total size of Manufacturing Facility: |       |
| On-site Storage (in m2): |       |
| Production area (in m2): |       |
| Only for **BRCGS**Are there: | High Risk Areas? | Yes |       | No |       |
|  | High Care Areas? | Yes |       | No |       |
|  | Ambient High Care Areas? | Yes |       | No |       |
| ***Note****: High-risk areas, high-care areas or ambient high-care areas as defined in Annex II of the BRCGS Food standard* |

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| 1. **Requested service**
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| BRCGS [ ]  | FSSC 22000 [ ]  | ISO 22000 [ ]  | HACCP [ ]  | GMP [ ]  |
| BRCGS Start!Basic [ ]  | BRCGS Start!Intermediate [ ]  | GFSI Global MarketsBasic [ ]  | GFSI Global MarketsIntermediate [ ]  |
| Certification **[ ]**  | Surveillance 1 **[ ]**  | Surveillance 2 **[ ]**  | Recertification **[ ]**  | Evaluation **[ ]**  | Pre-audit **[ ]**  |
| In case of **Combined Audit** or other/s Standard/s certification required, Indicate:1. Standard/s:
2. Audit type/s:
 |        |
| ***Note****: In case of having a valid certificate from another accredited body or certificate expired with less than 6 months, you must provide the last audit report and certificate.* |
| Pre-Audit | Yes |       | No |       |
| FSMA Voluntary Module | Yes |       | No |       |
| Voluntary unannounced Program **(BRCGS)** | Yes |       | No |       |
| Gluten-Free Certification Program (GFCP)***Note:*** *GFCP requires to sign a Program Licence Agreement with BRCGS (PLA) and**Schedule A.* | Stand-alone audit |       | Combined with GFSI audit |       |
|  | Combined unannounced with GFSI audit |       |

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| Describe desired scope of certification: |       |
| ***Note****: It must detail the product (s), processes and packaging to be certified* |
| Do you want to exclude products / processes from the scope? Describe: |       |
| ***Note:*** *exclusions can be accepted in exceptional circumstances. Excluded products may be clearly differentiated from products falling within the scope, and products are produced in a physically separate area of the factory. No part of the process carried out at the establishment or any part of the Standard may be excluded.* |

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| **Complete only for BRCGS** |
| If you have storage / warehouses managed by the company within 50 km: Do you want to include or exclude it from the scope of certification? | Include external storage in scope |       | Exclude external storage in scope |       |
| In case of handling products that are not manufactured or processed in the establishment, but bought and sold by the site (“Traded Products”), detail: |       |
| Do you want to include “Traded Products” in the scope of certification? (**only for BRCGS**) | Yes |       | No |       |
| ***Note****: As defined in section 9 of the* ***BRCGS*** *Food standard - Traded Products"* |

It is the responsibility of the Company, prior to conducting the Audit, to provide LSQA with the documentation requested in the FG180 – Pre-audit information **(BRCGS).**

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| 1. **Data provided by (APPLICANT ORGANIZATION)**
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| Name : |        |
| E - Mail: |       |
| Position: |       |
| Date: |       |

**From here on, the form must be completed exclusively by LSQA**

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| 1. **Definition of Product Category**
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| **Product Category (according to the certification scheme)** |
|       |

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| 1. **Calculation of audit duration**
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*Reference documents:*

BRCGS: F806 - Audit Duration Calculator Food Issue 8 - Audits from 1st April 2020, v4

Gluten-Free: gf316-audit-duration-calculator-v1-08012021

QS022 – Quality Plan: ISO 22000/FSSC

FSSC 22000 Audit Program - Calculator

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| **Time Calculation**  |
| Certification:      Surveillance 1:      Surveillance 2:      Recertification:      Evaluation:       |
| ***Note****:* *Consider additional time for off-site Storage, traded products, and voluntary modules**Please discriminate effective on-site time (BRCGS table time)* *In case GFCP is requested, describe details on audit time calculation (stand alone integrated with GFSI)* |
| **Justification in case of deviations (maximum 30% for BRCGS):** |
|       |
| ***Note****: for justification criteria, see annex 1 of F806 BRCGS* |

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| Application Reviewer (RS): |        |  |
| Date: |       | Signature |