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: |  |
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| 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 Markets  Basic | | GFSI Global Markets  Intermediate | |
| 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** |

*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):** |
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| ***Note****: for justification criteria, see annex 1 of F806 BRCGS* |

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