



MANAGEMENT SYSTEMS CERTIFICATION

TITLE: Questionnaire for Obtaining additional Food Safety Audits

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Approved By: DDG(MSCD)

Intake form for Auditor

(to be filled by Contact person of auditing agency)

I. FBO Details		
1.	Name of FBO	
2.	License Number	
3.	Address	
4.	Name of Contact person from FBO	
5.	Scope (Kind of Business)	
6.	Number of Production lines/Product Groups	
7.	Number of Employees/Food Handlers	
8.	Area of Storage	
9.	Agency empanelled for Consultancy (if any)	
10.	Agency empanelled for training (if any)	

II. Agency Details		
1.	Name of Auditing Agency	
2.	Recognition Number	
3.	Name of Auditor detailed for audit	
4.	Contact Details of Auditor	

III. Audit Details		
1.	Audit Date Scheduled	
2.	No. of Man-Days Fixed	
3.	Auditor Fee per Man-Day	
4.	Date of sending Audit Plan	