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|  भारतीय मानक ब्यूरो BUREAU OF INDIAN STANDARDS | | | FORMS |
| MANAGEMENT SYSTEMS CERTIFICATION | | | |
| TITLE: QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF FOOD SAFETY MANAGEMENT SYSTEMS AGAINST IS/ISO 22000:2005 | | | |
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| PREPARED BY: HEAD (MSCD) | | APPROVED BY: ADG/DDG | |

FORM - XIII

(To be submitted in triplicate)

| | | |
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| 1. | DETAILS OF THE COMPANY | |
| | 1.1 Name of the Organization | |
| | 1.2 Address of the Factory/Unit | |
| | Telephone | |
| | Fax | |
| | Email | |
| | Contact Person | |
| | 1.3 Address of the Registered Office | |
| | Telephone | |
| | Fax | |
| | Email | |
| | 1.4 FSSA Licence no. | |
| | 1.5 Status of the Unit Large/Small Scale Industry/Ancillary/Tiny units/Small Scale Service and Business (Industry Related) Enterprises/ small enterprise (see Note) Note: Please enclose Registration letter from the concerned authority and also see BIS 'Guidelines for Applicants'. | |
| | 1.6 Indicate whether the unit is a part of some larger organization, if so give the name and address of the holding organization | |
| | Name: | |
| | Address: | |
| | 1.7 Whether the unit is registered under Factories Act. | |
| | 1.8 Legal occupancy of the Unit: | OWNER/TENANT/LESSEE |

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| | 1.9 Year of commissioning of unit at the present site | |
| | 1.10 Number of shifts | Day/Night/Both |

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| 2. | NUMBER OF EMPLOYEES | |
| | 2.1 Indicate the effective number of employees who will be present at the time of audit i.e. employees refers to all individuals whose work activities support the scope of the certification as described by the Food Safety Management Systems at the time of the audit. | |
| | 2.2 Number of Contract Workers | |
| 3. | INFORMATION PERTAINING TO FOOD SAFETY MANAGEMENT | |
| | 3.1 Raw Materials, ingredients and product contact materials | |
| | a) Names of raw materials and product contact materials | |
| | b) Source of supply of raw materials; ingredients and product contact materials | |
| | c) Details of storage condition and shelf life | |
| | d) Details of any acceptance criteria specified for purchased materials and ingredients | |
| | 3.2 End Products | |
| | a) Name of Product(s) and its Category/ Sub-category | |
| | b) Seasonal product (s) If yes, season of production for each product (specify the months) | Yes/No |
| | c) Risk status of the product/process | High/Low |
| | d) Complexity of the process (including time consuming access procedures to high risk areas) | High/Low |
| | e) Number of different products | |
| | f) Details of any HACCP based or similar audit carried out in the past | |

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| | 3.3 Plant/Organization | |
| | a) Total area of plot | |
| | b) Total area of Building | |
| | c) Total area of unit/factory | |
| | d) Number of workshops in the unit premises | |



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| | e) Source of energy | |
| | f) Mode of Waste Sewage disposal | |
| | g) Frequency and accessibility for cleaning, maintenance and preventive maintenance | |
| | h) Provisions for prevention of cross contaminations | |
| | 3.4 Management Issues | |
| | a) Number of trained personnel to identify HACCP hazard and its control | |
| | b) Number of HACCP studies | |
| | c) Number of Critical Control Points (CCPs) for each HACCP study | |
| | d) Details of applicable Prerequisite programmes (PRPs) | |
| | e) HACCP hazards related to transportation addressed | Yes/No |
| | f) Frequency of monitoring of health & personnel hygiene | |
| | 3.5 FSMS Policy | |
| | a) Do you have a FSMS Policy? If yes, attach one copy | |
| | 3.6 Legislative and Regulatory Requirements | |
| | a) List the applicable legal requirement/ standards/codes of practice | |
| | b) Indicate the licences/permits/ permission/clearances obtained on the above legislation from the concerned authorities | |
| | c) Number of prosecutions, if any | |
| | 3.7 Emergency Preparedness and Response | |
| | a) Description of potential emergency situations and accidents that can impart food safety | |
| | b) Indicate the plans you have for dealing with above situations | |

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| 4. | OTHER INFORMATION | |
| | 4.1 Description of category of activities or processes for which licence is sought | |
| | 4.2 Details of Food Safety Management System, if any. How long it has been operational. | |
| | 4.3 Indicate the proposed period for conducting the audit taking into account any seasonality factors so as to ensure that the audit team has the opportunity of auditing the organization operating on a representative number of product lines, categories and subcategories covered by the scope of certification. | |
| | 4.4 a) Have the services of any consultancy firm used to draw up manual and procedures. | |
| | b) Name of the firm: (Optional) | |
| | 4.5 Please enclose a copy of Flow diagram for products or processes, covered under food safety management system | |

Signature.....

Name

Designation.....

For and on behalf of

Date:

(Seal of the Organization)

All the three copies of this form are to be signed in original by the authorized person