

MANAGEMENT SYSTEMS CERTIFICATION

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FORMS

TITLE: QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF FOOD SAFETY MANAGEMENT SYSTEMS AGAINST IS/ISO 22000:2005

DOC : MSC-F11-09ISSUE : 04DATE : OCT 2015PAGE : 1 OF 4PREPARED BY: HEAD (MSCD)APPROVED BY: ADG/DDG

FORM - XIII

(To be submitted in triplicate)

1.	DET	AILS 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	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'.	
	Indicate whether the unit is a part of some larger organization, if so give the name and address the holding organization		ne larger organization, if so give the name and address of
		Name:	
		Address:	
	1.7	Whether the unit is registered under Factories Act.	
	1.8	Legal occupancy of the Unit:	OWNER/TENANT/LESSEE

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



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2.	NUMBE	ER OF EMPLOYEES	
	th w	ndicate the effective number of employees who will be ne time of audit i.e. employees refers to all individuals ork activities support the scope of the certification as y the Food Safety Management Systems at the time of	s whose s described
	2.2 N	umber of Contract Workers	
3.	INFORI	MATION PERTAINING TO FOOD SAFETY MANAGI	EMENT
	3.1 Rav	w Materials, ingredients and product contact mate	erials
	a)	Names of raw materials and product contact materials	ials
	b)	Source of supply of raw materials; ingredients and prontact materials	product
	c)	Details of storage condition and shelf life	
	d)	Details of any acceptance criteria specified for purchasterials and ingredients	chased
	3.2 End	d Products	
	a)	Name of Product(s) and its Category/ Subcategory	
	b)	Seasonal product (s)	Yes/No
		If yes, season of production for each product (specify the months)	
	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	

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	

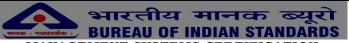


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e)	Source of energy	
f)	Mode of Waste Sewage disposal	
g)	Frequency and accessibility for cleaning, maintenance and preventive maintenance	
h)	Provisions for prevention of cross contaminations	
3.4 Ma	nagement Issues	
a)	Number of trained personnel 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 F	SMS Policy	
a)	Do you have a FSMS Policy? If yes, attach one copy	
3.6 L	egislative 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 E	mergency 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)

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