

Audit checklist Broker Meat and Meat Products (regular audit)

Audit details				
Scheme participant				
QS locations audited				
Additional location information, e.g. coordinator or identification number				
Name of contact				
Regular audit	Initial audit		Follow-up audit	
Unannounced regular audit	Yes		No	
Parallel audit				
Date of audit (from)			Date of audit (until)	
Start of audit (hh:mm)			End of audit (hh:mm)	
Audit duration (hh:mm)				
Combined audit (norm/standard/programme)				
Certification body				
First name/surname of auditor				
Repeated D evaluation/general K.O.		Remark repeated D evaluation/general K.O.		
Comments				
Preliminary audit result			Number of agreed corrective actions	

Place, date

Signature/s of auditor/s

I hereby confirm the data concerning the company and the audit.

I have received a copy of the audit report (at least front page) and of the corrective actions report.

Place, date

Signature of person responsible

Company details - Broker meat and meat products

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number (GH-No.)	
QS identification number	
Name of person responsible	

Scope - Broker meat and meat products

Production scope		Production number
	Broker (meat and meat products)	880

Company _____

Date _____

Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
* = For this requirement the evidence or measurement tool used for evaluation of compliance with the QS requirement must be documented, regardless of the outcome of the assessment. # = In case of a nonconformity the corrective action for this criterion has to take place within 28 days (only valid for production, food retail, OS-GAP and FIAS!) .										
2 General requirements										
2.1 General scheme requirements										
2.1.1	1			General business data						
2.1.2	1			Use of the QS certification mark						
2.1.3	1			Incident and crisis management						
2.1.4	1			Document handling						
2.1.5	1			Food safety culture						
2.1.6	1			2.1.10 Commissioning of logistic companies/subcontractors						
2.2 HACCP										
2.2.1	1		D=K.O.	HACCP concept *						

Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.2.2	1			Flow chart						
2.2.3	1			Hazard analysis						
2.2.4	1			HACCP verification						
2.3 Training of staff										
2.3.1	1			Information on the QS scheme						
3 Process-specific requirements										
3.1 Incoming goods										
3.1.1	1		D=K.O.	Labelling of purchased QS goods *						
3.1.2	1		D=K.O.	Returns management						
3.1.3	1			Claims management						
3.2 Packaging/storage transfer										
3.2.1	1			Packaging material						
3.2.2	1		D=K.O.	Declaration of conformity/declaration of no objection						

Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.3 Order picking, outgoing goods/dispatch										
3.3.1	1		D=K.O.	Labelling of marketed QS goods *						
3.3.2	1		D=K.O.	Product temperature						
4 Traceability and origin of goods										
4.1 Traceability method and inspection										
4.1.1	1		D=K.O.	Traceability method						
4.1.2	1		D=K.O.	Traceability test *						
4.1.3	1		D=K.O.	Reconciliation of incoming goods with outgoing goods *						
4.1.4	1		D=K.O.	Check on eligibility of delivery into the QS scheme						

Company _____ Date _____

Calculation of audit result

1. Balance of subtotals

Calculation	A	B	C	D	E
(1) Number of evaluations					
Sum of evaluations (excluding E evaluations)					

2. Calculation of the proportion of C and D evaluations*

Proportion of C evaluations		(Number of C evaluations / sum of evaluations) * 100
Proportion of D evaluations		(Number of D evaluations / sum of evaluations) * 100
Proportion of C and D evaluations		Proportion of C + proportion of D

3. Preliminary audit result

		Percentage of C evaluations	Percentage of D evaluations	Percentage of C+D evaluations	Audit result
<p>*Status I: If the 5 % target is exceeded, status I will still be assigned if there are only 2 C-evaluations.</p> <p>**Status II: If the percentage with regard to the proportion of D evaluations is exceeded, status II is assigned if only one D evaluation exists and no C evaluation</p>		max. 5,0%	0,0%		QS-Status I*
		max. 10,0%	max. 3,0%	max. 10%	QS-Status II**
		max. 20%	max. 10%	max. 20%	QS-Status III
		Percentages exceeded	Audit not passed.		
Number of K.O.		K.O.	Audit not passed.		
		General K.O./ repeated D evaluation	Audit not passed.		

Company:

Date:

Corrective actions report

I hereby confirm that the following corrective actions were agreed upon between me and the auditor.

The certification body is to be informed no later than the expiry of the deadline set out in the action plan about the implementation of a corrective action.

Note: The correction deadline is a maximum of 28 days for all FIAS requirements and the documentation requirements: 2.1.1, 2.1.2, 3.4.1 und 3.9.5 (only valid for production, food retail, QS-GAP and FIAS!)

Place, date		Signature/s of auditor/s		Signature of person responsible		
Serial no.	Requirement No.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Scope	Deadline for correction
1						

Company: _____

Date: _____

Review of the implementation of corrective actions

Place, date

Signature/s of auditor/s

Serial no.	Implemented	Not implemented	Comments (if any)	Date
1				