

Audit checklist Agencies Fruit, Vegetables, Potatoes (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 - Wholesale/agencies fruit, vegetables, potatoes

| | | |
|--------------------------------|--|--|
| 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 | | |
| FIAS requested | | |

Scope - Wholesale/agencies fruit, vegetables, potatoes

| Production scope | | Production number |
|------------------|---|-------------------|
| | Wholesale/agencies fruit, vegetables, potatoes (first-line merchant) | 801 |
| | Wholesale/agencies fruit, vegetables, potatoes (trading partner) | 802 |

Company _____

Date _____

| Requirement 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 and QS-GAP and FIAS!) . | | | | | | | | | | |
| a 2 General Requirements | | | | | | | | | | |
| a 2.1 General Scheme Requirements | | | | | | | | | | |
| a 2.1.1 | 1 | | | General Business Data | | | | | | |
| a 2.1.2 | 1 | | | Use of the QS Certification Mark | | | | | | |
| a 2.1.3 | 1 | | | Incident and Crisis Management | | | | | | |
| a 2.1.4 | 1 | | | Handling of Documents | | | | | | |
| a 2.1.7 | 1 | | D=K.O. | Conducting self-assessments | | | | | | |
| a 2.1.8 | 1 | | | Completion of corrective actions in the case of nonconformity | | | | | | |
| a 2.1.9 | 1 | | | Food safety culture | | | | | | |

| Requirement no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D/ K.O. | E | Comments/corrective action number |
|--|--------|---------------------|---------------|---|---|---|---|------------|---|--------------------------------------|
| a 2.1.10 | 1 | | | Commissioning of Logistics Companies/Subcontractors | | | | | | |
| a 2.2 HACCP | | | | | | | | | | |
| a 2.2.1 | 1 | | D=K.O. | HACCP Concept * | | | | | | |
| a 2.2.4 | 1 | | | Flow Chart | | | | | | |
| a 2.2.5 | 1 | | | Hazard Analysis | | | | | | |
| a 2.2.12 | 1 | | | HACCP Verification | | | | | | |
| a 2.8 Training of Staff | | | | | | | | | | |
| a 2.8.2 | 1 | | | Information on the QS Scheme | | | | | | |
| a 3 Process-Specific Requirements | | | | | | | | | | |
| a 3.1 Incoming Goods | | | | | | | | | | |
| a 3.1.7 | 1 | | D=K.O. | Labelling of purchased QS Produce * | | | | | | |
| a 3.1.9 | 1 | | | Returns Management | | | | | | |

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|---|--------|---------------------|---------------|---|---|---|---|------------|---|--------------------------------------|
| a 3.1.10 | 1 | | | Complaints Management | | | | | | |
| a 3.1.13 | 1 | | | Product Labelling | | | | | | |
| a 3.1.14 | 1 | | | Labelling of QS Produce with an Identification Number | | | | | | |
| a 3.5 Packaging/Redistribution | | | | | | | | | | |
| a 3.5.5 | 1 | | D=K.O. | Declaration of Conformity/Declaration of no Objection * | | | | | | |
| a 3.6 Order Picking, Outgoing Goods/Shipping | | | | | | | | | | |
| a 3.6.6 | 1 | | D=K.O. | Labelling of marketed QS Produce * | | | | | | |
| a 3.6.8 | 1 | | | Product Labelling | | | | | | |
| a 3.6.9 | 1 | | | Labelling of QS Produce with an Identification Number | | | | | | |
| a 3.8 Transport/Logistics | | | | | | | | | | |
| a 3.11 Residue Monitoring | | | | | | | | | | |
| a 3.11.1 | 1 | | | Organisation of the Residue Monitoring | | | | | | |

| Require ment no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D/ K.O. | E | Comments/corrective action number |
|--|--------|---------------------|---------------|--|---|---|---|------------|---|--------------------------------------|
| a 3.11.2 | 1 | | D=K.O. | Implementation of the Residue Monitoring | | | | | | |
| a 4 Traceability and Origin of Goods | | | | | | | | | | |
| a 4.1 Methods and Control of Traceability | | | | | | | | | | |
| a 4.1.1 | 1 | | D=K.O. | Methods of Traceability | | | | | | |
| a 4.1.3 | 1 | | D=K.O. | Traceability Check * | | | | | | |
| a 4.1.4 | 1 | | D=K.O. | Reconciliation of Incoming Goods with Outgoing Goods * | | | | | | |
| a 4.1.5 | 1 | | D=K.O. | Check on QS eligibility of Delivery | | | | | | |
| y 2 FIN - Nachhaltigkeitsmanagementsystem | | | | | | | | | | |
| y 2.1 Allgemeine Anforderungen | | | | | | | | | | |
| y 2.1.1 | 1 | | | Anwendungsbereich des Nachhaltigkeitsmanagementsystems | | | | | | |
| y 2.1.2 | 1 | | | Selbstverpflichtung der Unternehmensleitung | | | | | | |
| y 2.1.3 | 1 | | | Nachhaltigkeitspolitik | | | | | | |

| Require ment no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D/ K.O. | E | Comments/corrective action number |
|--|--------|---------------------|--|-----------------------------------|---|---|---|------------|---|--------------------------------------|
| y 2.1.4 | 1 | | | Nachhaltigkeitscheck | | | | | | |
| y 2.1.5 | 1 | | | Nachhaltigkeitsziele | | | | | | |
| y 2.2 Organisation | | | | | | | | | | |
| y 2.2.1 | 1 | | | Personelle Ressourcen | | | | | | |
| y 2.2.2 | 1 | | | Kommunikationsplan | | | | | | |
| y 2.2.3 | 1 | | | Nachhaltigkeit in der Lieferkette | | | | | | |
| y 2.2.4 | 1 | | | Neu- und Weiterentwicklung | | | | | | |
| y 2.2.5 | 1 | | | Ereignismanagement | | | | | | |
| y 2.3 Monitoring und Verbesserung | | | | | | | | | | |
| y 2.3.1 | 1 | | | Interne Audits | | | | | | |
| y 2.3.2 | 1 | | | Managementbewertung | | | | | | |
| z 1.0 Combined audit Chain of Custody | | | | | | | | | | |

| Requirement no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D/ K.O. | E | Comments/corrective action number |
|-----------------|--------|---------------------|--|---------------------------------|---|---|---|------------|---|--------------------------------------|
| z 1.1 | 1 | | | Combined audit Chain of Custody | | | | | | |

Company _____

Date zum: _____

| Requirement no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D | 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. | | | | | | | | | | |
| b 2 Anforderungen FIAS | | | | | | | | | | |
| b 2.1.1 | 1 | | | Durchführung und Dokumentation der Eigenkontrolle # | | | | | | |
| b 2.1.2 | 1 | | | Umsetzung eingeleiteter Maßnahmen aus der Eigenkontrolle # | | | | | | |
| b 2.1.3 | 1 | | | Arbeitnehmervertretung # | | | | | | |
| b 2.1.4 | 1 | | | Beschwerdeverfahren # | | | | | | |
| b 2.1.5 | 1 | | | Einhaltung der ILO-Kernarbeitsnormen # | | | | | | |
| b 2.1.6 | 1 | | | Arbeitnehmerinformation # | | | | | | |
| b 2.1.7 | 1 | | | Arbeitsverträge/schriftlich fixierte Arbeitsbedingungen # | | | | | | |
| b 2.1.8 | 1 | | | Regelmäßige Lohnzahlungen # | | | | | | |
| b 2.1.9 | 1 | | | Arbeitsentgelt # | | | | | | |
| b 2.1.10 | 1 | | | Beschäftigung von Kindern und Jugendlichen # | | | | | | |
| b 2.1.11 | 1 | | | Pflichtschulausbildung # | | | | | | |
| b 2.1.12 | 1 | | | Arbeitszeiterfassung # | | | | | | |

| Requirement no. | Factor | Filter ¹ | | Criterion/ requirement | A | B | C | D | E | Comments/corrective action number |
|-----------------|--------|---------------------|--|--------------------------------------|---|---|---|---|---|--------------------------------------|
| b 2.1.13 | 1 | | | Arbeits- und Ruhezeiten # | | | | | | |
| b 2.1.14 | 1 | | | Pausen- und Bereitschaftsräume # | | | | | | |
| b 2.1.15 | 1 | | | Umkleidemöglichkeiten # | | | | | | |
| b 2.1.16 | 1 | | | Aufbewahrungsmöglichkei- ten # | | | | | | |
| b 2.1.17 | 1 | | | Unterbringung der Arbeitskräfte # | | | | | | |

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 is only one C-evaluation. **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 | | |
| <table border="1"> <tr> <td>Number of K.O.</td> <td></td> </tr> </table> | | Number of K.O. | | 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!)

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 | | | | |

Delivery note to be verified

| Delivery note date | Delivery note number | Location | Inspected |
|--------------------|----------------------|----------|-----------|
| | | | |