



Audit checklist Agriculture Hatcheries (regular audit)

Audit details									
Scheme participant									
QS locations audited									
Additional location information, e.g. coordinator or identification number									
Name of contact									
Regular audit	Initial a	udit		Follow-up	audit				
Unannounced regular audit	Yes			No					
Random sample audit						•	•		
Audit of special purpose									
Parallel audit									
Date of audit (from)					Date o	f 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.			uation/	peated D general					
Comments									
Preliminary audit result					Numb action		greed cor	rective	
Place, date			Signat	ure/s of au	ıditor/s				
I hereby confirm the data concern I have received a copy of the audi	_		any an	d the audit			ective actio	ns report.	
Place, date			Signati	ure of pers	on roce	oonsible	<u> </u>		





Company details - Hatchery

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

Scope - Hatchery

Production s	соре	Production number	Pre -/hatch breeding capacity					
Production of day-old chicks								
	Hatchery broiler chicks	50						
	Hatchery turkey chicks	51						











Company:	pany: Date:														
Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	В	С	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.															
2															
2.1	Gen	eral s	ystem red	quirements											
2.1.1	1			General company data											
2.1.2	1			Incident and crisis management											
2.2	Com	ıpany	managen	nent											
2.2.1	1			Document handling											
2.2.2	1			Outer area											
2.3	Self	-Asse	ssment												
2.3.1	1			Absence of Salmonella											
2.3.2	1		D=K.O.	Microbiological tests											
2.3.3	1			Hygiene Concept											
2.3.4	1			Corrective actions											
2.3.5	1			Responsibilities											





Require Criterion/ **Comments/corrective** D/ Factor Filter¹ Α В C Е ment no. requirement K.O. action number 2.3.6 Implementation and documentation of selfassessment 2.4 Good hygiene practice 2.4.1 Water hygiene 2.4.2 Cleaning and disinfection 2.4.3 Pest control 2.4.4 Technical/structural conditions 2.4.5 1 Room-, equipment- and facility hygiene 2.5 Staff hygiene 2.5.1 General rules of conduct 2.5.2 Staff rooms 2.5.3 Hygiene sluice 2.6 Staff training 2.6.1 D=K.O. Hygiene- and professional training Requirements on handling hatching eggs and chicks 3 3.1 **General requirements**

D=K.O.

Traceability

3.1.1







Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number
3.1.2	1		D=K.O.	Labelling						
3.1.3	1		D=K.O.	Animal welfare representative						
3.1.4	1		D=K.O.	Handling chicks						
3.1.5	1		D=K.O.	Debating of turkey chicks						
3.1.6	1			Facilities for loading						
3.1.7	1			Climatic conditions in chick storage facilities						
3.1.8	1		D=K.O.	Transport container occupancy						
3.1.9	1		D=K.O.	Identification of QS breeder flocks						
3.1.10	1		D=K.O.	Emergency power and cooling water supply, emergency plan						
3.2	Hate	chery	storage a	nd hatching process					<i></i>	
3.2.1	1			Order and organisation						
3.2.2	1			Hatching egg access/ Incoming goods inspection						
3.2.3	1		D=K.O.	Health surveillance, salmonellae monitoring						
3.2.4	1			Storage management of hatching eggs						
3.2.5	1		D=K.O.	Conditions of hatching process						
3.3	Aniı	nal he	ealth							





Require Criterion/ Comments/corrective D/ Factor Filter¹ Α В C Е ment no. requirement K.O. action number 3.3.1 D=K.O. Examination of chicks 3.3.2 D=K.O. Facility for emergency stunning and killing 3.3.3 D=K.O. Care contact with farm veterinarian 3.3.4 Implementation of veterinary care 3.3.5 D=K.O. Medicines and vaccines Outgoing goods control, complaint management, packaging material 3.4 3.4.1 Outgoing goods control 3.4.2 Complaint management 3.4.3 Packaging material 3.5 **Livestock transport** 3.5.1 Check of livestock transport company 4 Further facility tools and rooms 4.1 Washing of containers and storage of equipment 4.1.1 Crate cleaning 4.1.2 Storage room of cleaning an disinfection solution

4.2

Waste disposal







Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number			
4.2.1	1			Disposal logistics									
4.3	Veh	icle fl	eet										
4.3.1	1			Cleaning facilities for transporters									
4.3.2	1			Cleaning and disinfection of livestock transporters									
4.3.3	1			System of climate management									
5	5 Use of certification mark												
5.1	Use of certification mark												
5.1.1	1		D=K.O.	Use of QS certification mark									







Company:				Date									
Calculation of audit result 1. Balance of subtotals													
Calculation					Α	В	С	D	E				
(1) Number of eva	luations												
Sum of evaluatio	ns (exc	luding E evaluat	tions)										
2. Calculation of	the proj	portion of C and	D evaluations	k									
Proportion	of C ev	aluations			(Nu	ımber of C ev	aluations / sur	n of evaluation	ns)*100				
Proportion	of D ev	aluations			(Nu	ımber of D ev	aluations / sur	m of evaluatio	ns)*100				
Proport ev	ion of C aluation					Propor	tion of C + pro	oportion of D					
3. Preliminary au	ıdit resu	ılt											
			Percentage of C evaluations			C-	tage of FD ations	Audi	t result				
			max. 5,0%	0,0%)%		QS-S	tatus I*				
is exceeded, status I	atus I: If the 5 % target ceeded, status I will still		max. 10,0%	max.	3,0%	max.	10%	QS-Sta	atus II**				
be assigned if there i one C-evaluation. **Status II: If the	s only		max. 20%	max. 10%		10% max. 20%			QS-Status III				
percentage with regathe proportion of D evaluations is exceed status II is assigned one D evaluation exist no C evaluation	led, if only	Percentages exceeded			Audit n	ot pass	ed.						
Number of K.O.		K.O.			Audit n	ot pass	ed.						
		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.

Place, date Signature/s of auditor/s Signature of person responsible

Serial no.	Require- ment No.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Deadline for correction
1					
2					
3					
4					
5					
6					
7					
8					





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				
2				
3				
4				
5				
6				
7				
8				