

## **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					
Parallel audit			•						
Date of audit (from)					Date of	f audit (	until)		
Start of audit (hh:mm)					End of	audit (h	nh: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					Number action		greed coi	rective	
Place, date		-	Signati	ure/s of a	uditor/s				
I hereby confirm the data concerning I have received a copy of the audit						e correc	ctive actio	ns report.	
Place, date		<u>-</u>	Signat	ure of per	son res	ponsible	2		



## **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	f day-old chicks		
	Hatchery broiler chicks	50	
	Hatchery turkey chicks	51	



Company									Date	
Require ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement		В	С	D/ K.O.	E	Comments/corrective action number
complia the asse	nce v	with tent.	the QS re # = In c	the evidence or measuequirement must be do ase of a nonconformity ays (only valid for prod	cum the	ent cori	ed, ı ecti	egard ve ac	lless tion	of the outcome of for this criterion has
2	Gen	eral R	equireme	ents						
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	npany	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 ment no.		Factor Filter <sup>1</sup>		Criterion/ requirement	A	В	С	D/ K.O.	ш	Comments/corrective action number
2.3.6	1			Implementation and documentation of self-assessment						
2.4	Goo	d hyg	iene prac	tice						
2.4.1	1	1		Water hygiene						
2.4.2	1			Cleaning and disinfection						
2.4.3	1			Pest control						
2.4.4	1			Technical/structural conditions						
2.4.5	1			Room-, equipment- and facility hygiene						
2.5	Staf	ff hygi	iene			•				
2.5.1	1			General rules of conduct						
2.5.2	1			Staff rooms						
2.5.3	1			Hygiene sluice						
2.6	Staf	ff traii	ning							
2.6.1	1		D=K.O.	Hygiene- and professional training						
3	Req	uirem	ents on h	andling hatching eggs and	d chi	icks		l		
3.1	Gen	eral r	equireme	nts						
3.1.1	1		D=K.O.	Traceability *						



Require ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number
3.1.2	1	ш	D=K.O.	Labelling *						
3.1.3	1		D=K.O.	Animal welfare					V/////	
3.1.3	1		D=K.O.	representative						
3.1.4	1		D=K.O.	Handling chicks						
3.1.5	1		D=K.O.	Debating of turkey chicks					<i>(//////</i>	
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	Hat	chery	storage a	nd hatching process					1277777	
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	Ani	mal he	ealth						./////	



Require ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number
3.3.1	1		D=K.O.	Examination of chicks *						
3.3.2	1		D=K.O.	Facility for emergency stunning and killing *						
3.3.3	1		D=K.O.	Care contact with farm veterinarian						
3.3.4	1			Implementation of veterinary care *						
3.3.5	1		D=K.O.	Medicines and vaccines						
3.4	Out	going	goods coi	ntrol, complaint managen	nent,	pacl	kagir	ng mat	erial	
3.4.1	1			Outgoing goods control *						
3.4.2	1			Complaint management						
3.4.3	1			Packaging material						
3.5	Live	estock	transport		<u> </u>					
3.5.1	1			Check of livestock transport company						
4	Fur	ther fa	acility too	ls and rooms			ļ			
4.1	Was	shing	of contain	ers and storage of equip	ment					
4.1.1	1			Crate cleaning						
4.1.2	1			Storage room of cleaning an disinfection solution						
4.2	Waste disposal									



Require ment no.	Factor	Filter <sup>1</sup>		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	Use	of cei	rtification	mark						
5.1	Use	of cei	rtification	mark						
5.1.1	1		D=K.O.	Use of QS certification mark						



Company						Date			
Calculation of a	udit res	sult							
1. Balance of sub									
Calculation					Α	В	С	D	E
(1) Number of eval	uations								
Sum of evaluation	ns (exclı	uding E evaluat	tions)						
2. Calculation of	the prop	ortion of C and	D evaluations*						
Proportion	of C eva	luations			(Nu	umber of C ev	aluations / sum o	of evaluations )*	*100
Proportion	of D eva	luations			(Nu	umber of D ev	aluations / sum o	of evaluations )*	*100
	on of Ca aluations					Propo	rtion of C + propo	ortion of D	
3. Preliminary au	dit resul	t				<b></b>			
			Percentage of C evaluations		tage of uations	C	ntage of C+D uations	Audit	result
			max. 5,0%	0,0	0%			QS-Sta	atus I*
*Status I: If the 5 % is exceeded, status I w			max. 10,0%	max.	3,0%	3,0% max.		QS-Sta	tus II**
be assigned if there is	only one <b>Status</b>		max. 20%	max.	. 10%	max	x. 20%	QS-Sta	atus III
regard to the proportice valuations is exceeded. II is assigned if only devaluation exists and evaluation	on of D ed, status one D	Percentages exceeded	Audit not passed.						
Number of K.O.		K.O.			Audit n	ot pass	ed.		
	·	General K.O./ repeated D			Audit no	ot pass	ed.		



Company:	Date:
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## **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.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Scope	Deadline for correction
1					



Date:

Review of the	Review of the implementation of corrective actions											
Place, date	Place, date Signature/s of auditor/s											
Serial no.	Implemented	Not implemented	Comments (if any)	Date								
1												

Company: