Audit checklist Storage of 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			
Random sample audit						
Audit of special purpose						
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 - Storage meat and meat products

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number	
QS identification number	
Name of person responsible	

Scope - Storage meat and meat products

Production scope		**Production number**
	Storage of meat and meat products	87
	Own storage of meat and meat products	88

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.**										
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	,,		Handling of documents						
2.1.5	1	,,		Company premises and access regulations						
2.1.6	1	,,		Adjustment and monitoring of Monitoring of test equipment						
2.1.7	1	,,		Commissioning of third parties						
2.2	**HACCP**									
2.2.1	1	,,	**D=K.O.**	HACCP concept *						
2.2.2	1	,,		HACCP team						
2.2.3	1	,,		Flow chart						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.2.4	1	,,		Hazard analysis						
2.2.5	1	,,		Control points (CP)						
2.2.6	1	,,		Limit values for CP						
2.2.7	1	,,		Monitoring and verification of limit values for CP						
2.2.8	1	,,		Corrective actions for CP						
2.2.9	1	,,		Responsibilities						
2.2.10	1	,,		Documentation						
2.2.11	1	,,		HACCP verification						
2.3	**Good hygiene practice**									
2.3.1	1	,,		Water quality						
2.3.2	1	,,		Technical/structural condition						
2.3.3	1	,,		Room, equipment and plant hygiene						
2.3.4	1	,,		Cleaning and disinfection						
2.3.5	1	,,		Foreign substance management						
2.3.6	1	,,	**D=K.O.**	Contamination risk						
2.3.7	1	,,		Ground clearance						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.3.8	1	,,		Staff hygiene						
2.4	**Training of staff**									
2.4.1	1	,,	**D=K.O.**	Hygiene training/Protection against Infection Act						
2.4.2	1	,,		Information/training for the QS scheme						
2.5	**Disposal logistics/returns**									
2.5.1	1	,,		Technical/structural condition						
2.5.2	1	,,		Returns management						
3	**Storage locations requirements**									
3.1	**Process-specific requirements**									
3.1.1	1	,,		Order and organization						
3.1.2	1	,,		Stock management						
3.1.3	1	,,		Goods inspection *						
3.1.4	1	,,		Transport vehicles						
3.1.5	1	,,	**D=K.O.**	Product temperature						
3.1.6	1	,,		Ground clearance						
3.1.7	1	,,		Staff rooms and sanitary facilities						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.1.8	1	,,		Pest control *						
3.2	**Dry storage**									
3.2.1	1	,,		Technical/structural condition						
3.2.2	1	,,		Room, equipment and plant hygiene						
3.2.3	1	,,		Sell-by date						
3.3	**Cold and frozen storage**									
3.3.1	1	,,		Technical/structural condition						
3.3.2	1	,,		Room, equipment and plant hygiene						
3.3.3	1	,,	**D=K.O.**	Temperature recording and monitoring *						
3.3.4	1	,,	**D=K.O.**	Sell-by date/consumption date						
3.4	**Packaging/storage transfer**									
3.4.1	1	,,		Technical/structural condition						
3.4.2	1	,,		Room, equipment and plant hygiene						
3.4.3	1	,,		Ground clearance						
3.4.4	1	,,		Packaging material						
3.4.5	1	,,	**D=K.O.**	Declaration of conformity/declaration of no objection						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.4.6	1	,,	**D=K.O.**	Temperature recording and monitoring						
3.5	**Freeze and thawing**									
3.5.1	1	,,		Technical/structural condition						
3.5.2	1	,,		Room, equipment and plant hygiene						
3.5.3	1	,,		Clear floor area						
3.5.4	1	,,		Process control						
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.**	Separation and identification of QS produce/non-QS produce						
4.1.3	1	,,	**D=K.O.**	Traceability test *						
4.1.4	1	,,	**D=K.O.**	Check on eligibility to deliver into the QS scheme within the scope						

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
	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.**			
K.O.	**Audit not passed.**			
General K.O./ repeated D evaluation	**Audit not passed.**			

***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

Number of K.O.	

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	Scope	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				