Audit checklist Logistics meat and meat products and 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 - Logistics meat and meat products and Fruit, Vegetables, Potatoes

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

Scope - Logistics meat and meat products and Fruit, Vegetables, Potatoes

Production scope	Production number
Logistics fruit, vegetables, potatoes	84

Company details - Logistics meat and meat products and Fruit, Vegetables, Potatoes

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 - Logistics meat and meat products and Fruit, Vegetables, Potatoes

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. # = 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 2.1.5	1	,		Company Premises and Access Regulations						
a 2.1.6	1	,		Monitoring of Test Equipment						
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						
a 2.1.10	1	,		Commissioning of Logistics Companies/Subcontractors						
a 2.2	**HACCP**									

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 2.2.1	1	,		Self-Assessment System *						
a 2.2.2	1	,		Verification of the self-assessment						
a 2.3	**Good Hygiene Practice**									
a 2.3.2	1	,		Foreign Substance Management						
a 2.3.3	1	,	**D=K.O.**	Risk of Contamination						
a 2.3.4	1	,		Staff Hygiene						
a 2.4	**Training of Staff**									
a 2.4.1	1	,		Safety at Work						
a 2.5	**Waste Disposal Logistics/Returns**									
a 2.5.1	1	,		Waste disposal logistics						
a 2.5.2	1	,		Returns Management						
a 2.6	**Ground clearance**									
a 3	**Transport/Logistics**									
a 3.1	**Process-Specific Requirements**									
a 3.1.1	1	,		Product-compliant Transport						
a 3.1.2	1	,		Transport Hygiene						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.1.3	1	,		Ground clearance						
a 3.1.4	1	,	**D=K.O.**	Temperature Control *						
a 4	**Storage**									
a 4.1	**Process-Specific Requirements**									
a 4.1.1	1	,		Order and Organisation						
a 4.1.2	1	,	**D=K.O.**	Incoming Goods Inspection						
a 4.1.3	1	,		Transport Vehicles						
a 4.1.4	1	,	**D=K.O.**	Product Temperature						
a 4.1.5	1	,		Staff rooms and sanitary facilities						
a 4.1.6	1	,		Pest Control						
a 4.2	**Storage**									
a 4.2.1	1	,		Technical/Structural Condition						
a 4.2.2	1	,		Room, equipment and plant hygiene						
a 4.2.3	1	,		Ground Clearance						
a 4.2.4	1	,		Stock Management						
a 4.2.5	1	,		Best-before date						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 4.3	**Cold Storage Rooms**									
a 4.3.1	1	,		Technical/Structural Condition						
a 4.3.2	1	,		Room, Equipment and Plant Hygiene						
a 4.3.3	1	,		Ground Clearance						
a 4.3.4	1	,		Stock Management						
a 4.3.5	1	,	**D=K.O.**	Temperature Recording and Monitoring						
a 4.3.6	1	,	**D=K.O.**	Best-before date/Use-by date						
a 4.4	**Frozen storage rooms**									
a 4.4.1	1	,		Technical/Structural condition						
a 4.4.2	1	,		Room, Equipment and Plant Hygiene						
a 4.4.3	1	,		Ground Clearance						
a 4.4.4	1	,		Stock Management						
a 4.4.5	1	,	**D=K.O.**	Temperature Recording and Monitoring						
a 4.4.6	1	,	**D=K.O.**	Best-before date						
a 5	**Traceability and Origin of Goods**									
a 5.1	**Methods and Control of Traceability**									

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 5.1.1	1	,	**D=K.O.**	Methods of Traceability						
a 5.1.2	1	,	**D=K.O.**	Traceability Check *						
b	**Additional requirements for the product area meat and meat products**									
b 2.3	**Good hygiene practice**									
b 2.3.1	1	,		Cleaning and disinfection						
b 2.3.5	1	,		Water quality						
b 2.4	**Training of staff**									
b 2.4.2	1	,	**D=K.O.**	Hygiene training/Protection against Infection Act						
b 2.4.4	1	,		Information/training for the QS scheme						
b 4.5	**Packaging/storage transfer**									
b 4.5.1	1	,		Technical/structural condition						
b 4.5.2	1	,		Room, equipment and plant hygiene						
b 4.5.3	1	,		Ground clearance						
b 4.5.4	1	,		Packaging material						
b 4.5.5	1	,	**D=K.O.**	Declaration of conformity/declaration of no objection						
b 4.5.6	1	,	**D=K.O.**	Temperature recording and monitoring						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
b 4.6	**Freeze and thawing**									
b 4.6.1	1	,		Technical/structural condition						
b 4.6.2	1	,		Room, equipment and plant hygiene						
b 4.6.3	1	,		Clear floor area						
b 4.6.4	1	,		Process control						
b 5.1	**Methods and control of traceability**									
b 5.1.3	1	,	**D=K.O.**	Separation and identification of QS produce/non-QS produce						
b 5.1.4	1	,	**D=K.O.**	Check on eligibility to deliver into the QS scheme within the scope of service						
c	**Additional requirements for the product area fruit, vegetables, potatoes**									
c 2.3.1	1	,		Storage of Cleaning Agents and Disinfectants						
c 2.4	**Training of Staff**									
c 2.4.2	1	,	**D=K.O.**	Hygiene Training						
c 4.2	**Storage**									
c 4.2.6	1	,		Prerequisites for Maintaining Quality						
c 4.3	**Cold storage rooms**									
c 4.3.7	1	,		Prerequisities for Maintaining Quality						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
c 4.5	**Product-Specific Criteria for the Storage of Potatoes (Long-term Storage)**									
c 4.5.1	1	,		Suitability of Warehouse						
c 4.5.2	1	,		Suitability of the Equipment for Incoming and Outgoing Goods						

Company _____ Date :um: _____

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			Aufbewahrungsmöglichkeiten						
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
	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.
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.	Require-ment 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				