



## Audit checklist Agencies Fruit, Vegetables, Potatoes

Audit details				
Scheme participant				
QS locations audited				
Additional location information, e.g. coordinator or identification number				
Name of contact				
Regular audit	Initial audit	X	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				
<b>Preliminary audit result</b>			<b>Number of agreed corrective actions</b>	

\_\_\_\_\_  
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



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**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		
Inspection of working and social conditions 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 <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
<p><b>* = 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></p>										
<b>a 2</b> General Requirements										
<b>a 2.1</b> 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		<b>D=K.O.</b>	Realisation of Self-Assessments						
a 2.1.8	1			Fulfilment of the Initiated Measures in the Event of Deviations						
<b>a 2.2</b> HACCP										
a 2.2.1	1		<b>D=K.O.</b>	HACCP Concept *						
a 2.2.4	1			Flow Diagrams						
a 2.2.5	1			Risk Analysis						
a 2.2.12	1			HACCP Verification						



Company: \_\_\_\_\_

Date: \_\_\_\_\_

Require- ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
<b>a 2.5</b> Training of Staff										
a 2.5.2	1			Information on the QS Scheme						
a 2.5.3	1			General Training						
<b>a 3</b> Process-Specific Requirements										
<b>a 3.1</b> Incoming Goods										
a 3.1.7	1		<b>D=K.O.</b>	Labelling of purchased QS Goods *						
a 3.1.9	1			Returns Management						
a 3.1.10	1			Complaints Management						
a 3.1.13	1			Product Labelling						
a 3.1.14	1			Labelling of QS Goods with an Identification Number						
<b>a 3.5</b> Packaging/Redistribution										
a 3.5.5	1		<b>D=K.O.</b>	Declaration of Conformity/Declaration of no Objection *						
<b>a 3.6</b> Order Picking, Outgoing Goods/Shipping										
a 3.6.6	1		<b>D=K.O.</b>	Labelling of marketed QS Goods *						
a 3.6.8	1			Product Labelling						



Company: \_\_\_\_\_

Date: \_\_\_\_\_

Require ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.6.9	1			Labelling of QS Goods with an Identification Number						
<b>a 3.9</b> Transport/Logistics										
a 3.9.4	1			Commissioning of Logistics Companies (Subcontractors)						
<b>a 3.11</b> Residue Monitoring										
a 3.11.1	1			Organisation of the Residue Monitoring						
a 3.11.2	1		<b>D=K.O.</b>	Implementation of the Residue Monitoring						
<b>a 4</b> Traceability and Origin										
<b>a 4.1</b> Methods and Control of Traceability										
a 4.1.1	1		<b>D=K.O.</b>	Methods of Traceability						
a 4.1.3	1		<b>D=K.O.</b>	Traceability Check *						
a 4.1.4	1		<b>D=K.O.</b>	Reconciliation of Incoming Goods with Outgoing Goods						
a 4.1.5	1		<b>D=K.O.</b>	Check of the QS eligibilty of Delivery						



Company: \_\_\_\_\_

Date: \_\_\_\_\_

Require- ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D	E	Comments/corrective action number
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**\* = 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** Requirements for Working and Social Conditions

b 2.1.1	1			Arbeitnehmersvertretung						
b 2.1.2	1			Beschwerdeverfahren						
b 2.1.3	1			Einhaltung der ILO- Kernarbeitsnormen						
b 2.1.4	1			Arbeitnehmerinformation						
b 2.1.5	1			Arbeitsverträge/schriftlich fixierte Arbeitsbedingungen						
b 2.1.6	1			Regelmäßige Lohnzahlungen						
b 2.1.7	1			Arbeitsentgelt						
b 2.1.8	1			Beschäftigung von Kindern und Jugendlichen						
b 2.1.9	1			Pflichtschulbildung					X	
b 2.1.10	1			Arbeitszeiterfassung						
b 2.1.11	1			Arbeits- und Ruhezeiten						
b 2.1.12	1			Pausen- und Bereitschaftsräume						
b 2.1.13	1			Umkleidemöglichkeiten						



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Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D	E	Comments/corrective action number
b 2.1.14	1			Aufbewahrungsmöglichkeiten						
b 2.1.15	1			Unterbringung der Arbeitskräfte						



Company: \_\_\_\_\_ Date: \_\_\_\_\_

**Calculation of audit result**

**1. Balance of subtotals**

Calculation	A	B	C	D	E
(1) Number of evaluations					

<b>Sum of evaluations (excluding E evaluations)</b>	
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**2. Calculation of the proportion of C and D evaluations\***

<b>Proportion of C evaluations</b>		(Number of C evaluations / sum of evaluations ) * 100
<b>Proportion of D evaluations</b>		(Number of D evaluations / sum of evaluations ) * 100
<b>Proportion of C and D evaluations</b>		Proportion of C + proportion of D

**3. Preliminary audit result**

Calculation basis:		Percentage of C evaluations	Percentage of D evaluations	Percentage of C+D evaluations	Audit result
<p><b>*Status I:</b> If the 5 % target is exceeded, status I will still be assigned if there is only one C-evaluation. <b>**Status II:</b> If the percentage with regard to the proportion of D evaluations is exceeded, status II is assigned if only</p>		max. 5,0%	0,0%		<b>QS status I *</b>
		max. 10,0%	max. 3,0%	max. 10%	<b>QS status II **</b>
		max. 20%	max. 10%	max. 20%	<b>QS status III</b>
	Percentages exceeded	<b>Audit not passed.</b>			
<b>Number of K.O.</b>	K.O.	<b>Audit not passed.</b>			
	General K.O./ repeated D evaluation	<b>Audit not passed.</b>			





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**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.	Requirement No.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Scope	Deadline for correction
1						
2						
3						
4						
5						
6						
7						
8						



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**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				