



# Audit checklist Wholesale meat / meat products and fruits, 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 a	udit	Χ	Follow-	up audit			
Unannounced regular audit	Yes			No				
Random sample audit								
Audit of special purpose								
Parallel audit								
Date of audit (from)					Date of au	dit (until)		
Start of audit (hh:mm)					End of aud	it (hh:mm)		
Audit duration (hh:mm)								
Combined audit (norm/standard/programme)								
Certification body								
First name/surname of auditor								
Repeated D evaluation/general K.O.		D	rk rep ation/g	eated general				
Comments								
Preliminary audit result					Number o actions	f agreed cor	rective	
Place, date	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:	<u></u>				<u> </u>				ate:	
Require ment no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number
				e evidence or measurem cumented, regardless of t						tion of compliance with the ssment.
а	Cros	s-prod	duct requir	ements						
a 2	Gen	eral re	quirement	S						
a 2.1	Gen	eral sc	heme requ	uirements						
a 2.1.1	1			Company data						
a 2.1.2	1			Use of QS certification mark						
a 2.1.3	1			Incident and crisis management						
a 2.1.4	1			Document handling						
a 2.1.5	1			Company Premises and Access Regulations						
a 2.1.6	1			Monitoring of test equipment						
a 2.2	HAC	СР								
a 2.2.1	1		D=K.O.	HACCP-concept *						
a 2.2.2	1			HACCP team						
a 2.2.3	1			Product description						
a 2.2.4	1			Flow chart						





Company: Date: Require Criterion/ D/ Comments/corrective Filter<sup>1</sup> C Α В Ε ment no. requirement K.O. action number a 2.2.5 Hazard analysis a 2.2.6 Critical control points (CCP) a 2.2.7 Limit values for CCP /CP a 2.2.8 Monitoring and verification 1 of limit values for CCP/CP a 2.2.9 Corrective actions for CCP/CP a 2.2.10 Responsibilities 1 a 2.2.11 Documentation a 2.2.12 HACCP Verification a 2.3 Good manufacturing and hygiene practice a 2.3.1 Tapping point / water 1 quality a 2.3.2 1 Cleaning and disinfection a 2.3.3 Pest monitoring and control a 2.3.4 Foreign matter management a 2.3.5 D=K.O. Contamination risk\* a 2.4 Staff hygiene a 2.4.1 General rules of conduct





Company: Date: Require Criterion/ **Comments/corrective** D/ Filter<sup>1</sup> Factor C Е Α В ment no. requirement K.O. action number Staff rooms/sanitary a 2.4.2 facilities a 2.5 Staff training a 2.5.1 Hygiene training/Infection D=K.O. Protection Act a 2.5.2 Information on the OS Scheme a 3 Process-specific requirements a 3.1 Incoming goods a 3.1.1 Technical/structural 1 condition a 3.1.2 Room, equipment and plant hygiene a 3.1.3 Clear floor area a 3.1.4 1 Order and organization a 3.1.5 1 Transport vehicles delivery a 3.1.6 Incoming goods inspection a 3.1.7 D=K.O. Labelling procured QS goods \* a 3.1.8 D=K.O. Product temperature a 3.1.9 D=K.O. Returns management a 3.1.10 1 Complaints management





Company: Date: Require Criterion/ **Comments/corrective** Filter<sup>1</sup> D/ E Α В C ment no. requirement K.O. action number a 3.2 Dry storage / storage a 3.2.1 Technical/structural condition Room, equipment and a 3.2.2 plant hygiene a 3.2.3 Clear floor area 1 a 3.2.4 Storage management 1 a 3.3 Cold storage a 3.3.1 Technical/structural condition a 3.3.2 Room, equipment and plant hygiene a 3.3.3 1 Clear floor area a 3.3.4 1 Storage management a 3.3.5 D=K.O. Temperature recording and monitoring\* a 3.5 Packaging / redistribution a 3.5.1 1 Technical/structural condition a 3.5.2 1 Room, equipment and plant hygiene a 3.5.3 Clear floor area 1 a 3.5.4 Packaging material 1





Date: Company: Require Criterion/ D/ Comments/corrective Filter<sup>1</sup> Factor C Α В E ment no. requirement K.O. action number D=K.O. a 3.5.5 Declaration of conformity / declaration of no objection \* a 3.6 Picking, outgoing goods/dispatch a 3.6.1 Technical/structural condition a 3.6.2 1 Room, equipment and plant hygiene a 3.6.3 1 Clear floor area a 3.6.4 1 Order and organization Outgoing goods inspection D=K.O. a 3.6.5 1 a 3.6.6 1 D=K.O. Labelling of marketed QS goods \* D=K.O. a 3.6.7 1 Product temperature a 3.7 Further plant sections and spaces a 3.7.1 Packaging material 1 storage a 3.7.2 1 Cleaning and disinfection agent storage a 3.8 Disposal logistics a 3.8.1 1 Technical/structural condition a 4 Traceability and origin of goods





Date: Company: Require Criterion/ D/ Comments/corrective Factor Filter<sup>1</sup> Α В C E ment no. requirement K.O. action number a 4.1 Traceability method and inspection a 4.1.1 D=K.O. Traceability method D=K.O. Separation of QS goods / a 4.1.2 non-QS goods a 4.1.3 D=K.O. Traceability test \* 1 a 4.1.4 D=K.O. Reconciliation of incoming 1 goods with outgoing goods \* a 4.1.5 D=K.O. Check of QS eligibility of 1 delivery into the QS scheme of suppliers and customers b Additional requirements for the product range meat and meat products b 2 General requirements b 2.1 General scheme requirements b 2.1.7 Commissioning of service providers b 2.2 HACCP b 2.2.13 Control points (CP) b 2.3 Good manufacturing and hygiene practice b 2.3.6 1 Technical/structural condition b 2.3.7 1 Room, equipment and plant hygiene





Company: Date: Require Criterion/ **Comments/corrective** D/ Filter<sup>1</sup> Factor C Α В Е ment no. requirement K.O. action number Clear floor area b 2.3.8 b 2.4 Staff hygiene b 2.4.3 Hygiene sluice b 3 Process-specific requirements b 3.2 Dry storage / storage b 3.2.5 Sell-by date b 3.3 Cold storage b 3.3.6 Sell-by date / D=K.O. consumption date b 3.3.7 1 Species-specific product separation b 3.4 Frozen storage b 3.4.1 Technical / structural condition Room, equipment and b 3.4.2 plant hygiene b 3.4.3 1 Clear floor area b 3.4.4 1 Storage management b 3.4.5 D=K.O. Temperature recording 1 and monitoring \* b 3.4.6 D=K.O. Sell-by date 1





Company: Date: Require Filter<sup>1</sup> Criterion/ D/ Comments/corrective Factor Α В C E ment no. requirement K.O. action number b 3.5 Packaging / redistribution b 3.5.6 D=K.O. Temperature recording and monitoring \* Product labelling b 3.5.7 D=K.O. b 3.7 Further plant sections and spaces b 3.7.3 Rinsing area b 3.9 Freeze and thawing b 3.9.1 Technical/structural condition b 3.9.2 Room, equipment and plant hygiene b 3.9.3 1 Clear floor area b 3.9.4 1 Process control Additional requirements for the product range fruits, vegetables, potatoes C c 2 General requirements c 2.1 General scheme requirements c 2.1.7 1 D=K.O. Realisation of Self-Assessments c 2.1.8 1 Deviations c 2.5 Staff training





Date: Company: Require Criterion/ D/ Comments/corrective Filter<sup>1</sup> Factor C Α В E ment no. requirement K.O. action number c 2.5.3 General training c 3 Process specific requirements c 3.1 Incoming goods c 3.1.11 Quality requirements 1 c 3.1.12 Hygiene requirements 1 c 3.1.13 Product labelling c 3.1.14 Labelling of QS goods with an identifiation number c 3.2 Dry storage / storage c 3.2.5 Prerequisites for maintaining quality c 3.3 Cold storage c 3.3.6 Prerequisites for maintaining quality c 3.5 Packaging / redistribution c 3.5.6 Storage of packaged goods c 3.5.7 Storage / transport 1 containers for products c 3.6 Commissioning, incoming goods / shipping c 3.6.8 Product labelling



Qualitätssicherung. Vom Landwirt bis zur Ladentheke.



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

company.								_	acc.	
Require ment no.	Factor	Filter1		Criterion/ requirement	A	В	С	D/ K.O.	E	Comments/corrective action number
c 3.6.9	1			Labelling of QS goods with an identification number						
c 3.9	Trar	sport/	Logistics							
c 3.9.1	1			Product-compliant Transport						
c 3.9.2	1			Transport hygiene						
c 3.9.3	1		D=K.O.	Temperatur control *						
c 3.9.4	1			Commissioning of logistics companies (subcontractors)						
c 3.11 Residue monitoring										
c 3.11.1	1			Organisation of the residue monitoring						
c 3.11.2	1		D=K.O.	Implementation of the residue monitoring						



## Company details - Wholesale fruit, vegetables, potatoes and preparation

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 fruit, vegetables, potatoes and preparation

Pr	oduction scope	Production number
	Food retail warehouse meat and fruit, vegetables, pota	toes 86





Company:	Date:	
Calculation of audit result	_	
1. Balance of subtotals		

Calculation	Α	В	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

Calculation basis:	_		Percentage of D evaluations	Percentage of C+D evaluations	Audit result		
*Status I: If the 5 % target is exceeded, status		max. 5,0%	0,0%		QS status I *		
I will still be assigned if there is only one C-evaluation. **Status		max. 10,0%	max. 3,0%	max. 10%	QS status II  **		
II: If the percentage with regard to the proportion of		max. 20%	max. 10%	max. 20%	QS status III		
D evaluations is exceeded, status II is assigned if only	II Parcantagas	Audit not passed.					
Number of K.O.	K.O.	Audit not passed.					
	General K.O./ repeated D evaluation		Audit no	t 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:
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#### **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				