



Audit checklist Logistics 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	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				
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



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Company details - Logistics 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	
Inspection of working and social conditions requested	

Scope - Logistics fruit, vegetables, potatoes

Production scope	Production number
Logistics fruit, vegetables, potatoes	84



Company: _____

Date: _____

Requirement no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
<p>* = 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.</p>										
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.	Realisation of Self-Assessments						
a 2.1.8	1			Fulfilment of the Initiated Measures in the Event of Deviations						
a 2.2 HACCP										
a 2.2.1	1			Self-Assessment System						
a 2.2.2	1			Responsibilities						



Company: _____

Date: _____

Requirement no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 2.3 Good Hygiene Practice										
a 2.3.1	1			Storage of Cleaning Agents and Disinfectants						
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 2.4.2	1		D=K.O.	Hygiene Training						
a 2.5 Waste Disposal Logistics/ Returns										
a 2.5.1	1			Technical/Structural Condition						
a 2.5.2	1			Returns Management						
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						
a 3.1.3	1		D=K.O.	Temperature Control *						

Company: _____

Date: _____

Require ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.1.4	1			Commissioning of Logistics Companies (Subcontractors)						
a 4 Storage										
a 4.1 Process-Specific Requirements										
a 4.1.1	1			Tidiness 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						
a 4.1.6	1			Pest Monitoring and Control						
a 4.2 Storage										
a 4.2.1	1			Technical/Structural Condition						
a 4.2.2	1			Room Hygiene						
a 4.2.3	1			Ground Clearance						
a 4.2.4	1			Stock Management						
a 4.2.5	1			Prerequisites for Maintaining Quality						
a 4.3 Cold Storage Rooms										



Company: _____

Date: _____

Require- ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
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			Prerequisites for Maintaining Quality						
a 4.4 Product-Specific Criteria for the Storage of Potatoes (Long-term Storage)										
a 4.4.1	1			Suitability of Warehouse						
a 4.4.2	1			Suitability of the Equipment for Incoming and Outgoing Goods						
a 5 Traceability and Origin										
a 5.1 Methods and Control of Traceability										
a 5.1.1	1		D=K.O.	Methods of Traceability						
a 5.1.2	1		D=K.O.	Traceability Check *						



Company: _____

Date: _____

Require- ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D	E	Comments/corrective action number
<p>* = 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.</p>										
<p>b 2 Requirements for Working and Social Conditions</p>										
b 2.1.1	1			Arbeitnehmervvertretung						
b 2.1.2	1			Beschwerdeverfahren						
b 2.1.3	1			Einhaltung der ILO- Kernarbeitsnormen						
b 2.1.4	1			Arbeitsnehmerinformation						
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			Pflichtschulausbildung					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 ¹		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					

Sum of evaluations (excluding E evaluations)	
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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 C evaluations	Percentage of D evaluations	Percentage of C+D evaluations	Audit result
<p>*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</p>		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.			
Number of K.O.	K.O.	Audit not passed.			
	General K.O./ repeated D evaluation	Audit not passed.			



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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				