

Audit checklist Checklist livestock Transport (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 - Livestock transport

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number (VVVO-No.)	
QS identification number	
Name of person responsible	
Name of coordinator (only for production scope 904)	

Scope - Livestock transport

Production scope		Production number	Number of vehicles
Stage agriculture/hatcheries			
	Livestock transport	904	
	Transport chicks own vehicles	52	
	Transport chicks 1:1 contracted carriers	53	
Stage slaughtering/deboning			
	Transport cattle/pigs own vehicles	36	
	Transport poultry own vehicles	37	
	Transport Cattle/ Pigs 1:1 contracted carriers	38	
	Transport Poultry 1:1 contracted carriers	39	

Additional information - Livestock transport

Specifications on transport

Transport by (mandatory)	yes	no
Transport company (carrier)		
Livestock company with own transport		
Type of transport	yes	no
Transport less 50 km		
Transport less 65 km		
Transport over 65 km		



Company _____

Date _____

Require- ment 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. # = 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) .</p>										
2 General Requirements										
2.1 General System Requirements										
2.1.1	1		D=K.O.	General company data						
2.1.2	1		D=K.O.	Implementation and documentation of self-assessment*						
2.1.3	1			Fulfilment of measures of the self-assessment*						
2.1.4	1			Incident and crisis management						
3 Requirements for the livestock transport										
3.1 Transport vehicles and transport containers										
3.1.1	1			Requirements for transport vehicles and transport containers					X	
3.1.2	1			Labelling means of transport and transport container					X	
3.2 Permission and transport planning										
3.2.1	1		D=K.O.	Licensing of transport companies (for livestock transport over 65 km)*						
3.2.2	1			Transport planning						

Require- ment no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.3 Transportability and animal marking										
3.3.1	1			Determination of transportability and transport bans					X	
3.3.2	1			Inspection of animal marking*						
3.4 Transport practice										
3.4.1	1			Loading and unloading					X	
3.4.2	1		D=K.O.	Treatment of animals						
3.4.3	1		D=K.O.	Space allowances*						
3.4.4	1		D=K.O.	Intervals for feeding and watering as well as duration of transportation and resting times						
3.5 Cleaning and disinfection										
3.5.1	1			Means of transport					X	
3.5.2	1			Disinfection control book (for livestock transport to abattoir, livestock loading or collection points)						
3.5.3	1			Dung, litter and feed remains*					X	
3.6 Personnel										
3.6.1	1		D=K.O.	Documentation proof of qualification (for livestock transport over 65 km)*						
3.7 Documentation										
3.7.1	1			Shipping documents						



Requirement no.	Factor	Filter ¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.7.2	1			Delivery papers*						
3.7.3	1		D=K.O.	Documentation licensing of road transport equipment (for long transportations)*						
3.7.4	1		D=K.O.	Driver ´s logbook (for long transportations)						
3.7.5	1			Use of the QS certification mark for the livestock transport						



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
<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 one D evaluation exists and no C evaluation</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
Number of K.O.	Percentages exceeded			Audit not passed.
	K.O.	Audit not passed.		
	General K.O./ repeated D evaluation	Audit not passed.		



Qualitätssicherung. **Vom Landwirt bis zur Ladentheke.**



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						



Qualitätssicherung. **Vom Landwirt bis zur Ladentheke.**



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				