Audit checklist Processing Meat and Meat Products (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

Company details - Processing meat and meat products

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
Official registration/approval number	
Registered production scope no.	
QS location number	
QS identification number	
Name of person responsible	

Scope - Processing meat and meat products

Production scope		**Production number**
	Cutting	41
	Processing	42

Additional information - Processing meat and meat products

Information on species

Processing meat of the following species	
	Broiler
	Turkey
	Peking duck
	Veal

	Beef
	Pork
Production of the following processed goods	
	Raw sausage
	Boiled Sausage
	Cooked and cured goods
	Fresh meat
	Marinated/seasoned meat/barbecue product
	Minced Meat
	Frying Sausage
	Convenience goods
	Offal

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.**										
2.	General requirements									
2.1	General scheme requirements									
2.1.1	1			Company data						
2.1.2	1			Use of QS certification mark						
2.1.3	1			Incident and crisis management						
2.1.4	1			Document handling						
2.1.5	1			Company Premises and Access Regulations						
2.1.6	1			Commissioning of service providers						
2.2	Self-assessment									
2.2.1	1		**D=K.O.**	Implementation and documentation of self-assessment						
2.3	HACCP									
2.3.1	1		**D=K.O.**	HACCP-concept *						
2.3.2	1			HACCP team						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.3.3	1			Product description						
2.3.4	1			Flow diagrams						
2.3.5	1			Hazard analysis						
2.3.6	1			Critical control points (CCP)						
2.3.7	1			Limit values for CCP/CP						
2.3.8	1			Monitoring and verification of limit values for CCP/CP						
2.3.9	1			Corrective actions for CCP/CP						
2.3.10	1			Responsibilities						
2.3.11	1			Documentation						
2.3.12	1			HACCP verification						
2.3.13	1			Control points (CP)						
2.4	Good manufacturing and hygiene practice									
2.4.1	1			Tapping point						
2.4.2	1			Cleaning and disinfection						
2.4.3	1			Pest monitoring/control *						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.4.4	1			Handling deviating products						
2.4.5	1			Monitoring of test equipment						
2.4.6	1			Foreign matter management						
2.4.7	1			Production permission *						
2.4.8	1		**D=K.O.**	Recipes						
2.4.9	1			Further processing of intermediate and end products						
2.4.10	1			Maintenance and repair						
2.4.11	1			Room, equipment and plant hygiene						
2.4.12	1			Clear floor area						
2.5	Staff hygiene									
2.5.1	1			Rules of conduct						
2.5.2	1			Staff rooms and sanitary facilities						
2.5.3	1		**D=K.O.**	Hygiene sluice						
2.6	Staff training									
2.6.1	1		**D=K.O.**	Hygiene training/Infection Protection Act						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.6.2	1			Information on the QS scheme						
2.6.3	1			Manufacturing and work instructions						
2.7	Cold storage									
2.7.1	1			Technical/structural condition						
2.7.2	1			Room, equipment and plant hygiene						
2.7.3	1			Clear floor area						
2.7.4	1			Storage management						
2.7.5	1		**D=K.O.**	Temperature recording and monitoring *						
2.7.6	1			Species-specific product separation						
2.8	Deep-frozen storage									
2.8.1	1			Technical/structural condition						
2.8.2	1			Room, equipment and plant hygiene						
2.8.3	1			Clear floor area						
2.8.4	1			Storage management						
2.8.5	1		**D=K.O.**	Temperature recording and monitoring *						
3	Requirements for the production process									

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.1	Deboning									
3.1.1	1			Technical/structural condition						
3.1.2	1			Room, equipment and plant hygiene						
3.1.3	1			Clear floor area						
3.1.4	1		**D=K.O.**	Structure and organisation						
3.1.5	1		**D=K.O.**	Temperature recording and monitoring *						
3.2	Batch processing									
3.2.1	1			Technical/structural condition						
3.2.2	1			Room, equipment and plant hygiene						
3.2.3	1			Clear floor area						
3.2.4	1			Structure and organisation						
3.3	Mincing									
3.3.1	1			Technical/structural condition						
3.3.2	1			Room, equipment and plant hygiene						
3.3.3	1			Clear floor area						
3.3.4	1			Structure and organisation						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.3.5	1			Cross-contamination						
3.3.6	1		**D=K.O.**	Temperature recording and monitoring						
3.4	Filling									
3.4.1	1			Technical/structural condition						
3.4.2	1			Room, equipment and plant hygiene						
3.4.3	1			Clear floor area						
3.4.4	1			Structure and organisation						
3.4.5	1			Cross-contamination						
3.5	Heating, cooking, boiling									
3.5.1	1			Technical/structural condition						
3.5.2	1			Room, equipment and plant hygiene						
3.5.3	1			Structure and organisation						
3.5.4	1		**D=K.O.**	Registration of heating and cooking temperatures *						
3.5.5	1			Cooling						
3.6	Canning									
3.6.1	1			Technical/structural condition						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.6.2	1			Room, equiment and plant hygiene						
3.6.3	1			Structure and organisation						
3.6.4	1			Container cleaning						
3.6.5	1		**D=K.O.**	Registration of sterilization temperature and time control*						
3.6.6	1			Cooling						
3.7	Smoking									
3.7.1	1			Technical/structural condition						
3.7.2	1			Room, equipment and plant hygiene						
3.7.3	1			Structure and organisation						
3.8	Curing									
3.8.1	1			Technical/structural condition						
3.8.2	1			Room, equipment and plant hygiene						
3.8.3	1			Clear floor area						
3.8.4	1			Structure and organisation						
3.8.5	1			Temperature control						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.8.6	1			use of additives						
3.9	Drying and maturing									
3.9.1	1			Technical/structural condition						
3.9.2	1			Room, equipment and plant hygiene						
3.9.3	1			Clear floor area						
3.9.4	1			Structure and organisation						
3.9.5	1			Temperature control						
3.9.6	1		**D=K.O.**	Drying and maturing monitoring						
3.10	Cutting, disarticulation, casing									
3.10.1	1			Technical/structural condition						
3.10.2	1			Room, equipment and plant hygiene						
3.10.3	1			Clear floor area						
3.10.4	1			Structure and organisation						
3.10.5	1			Cross-contamination						
4	Packaging and other business sections									
4.1	Packaging									

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
4.1.1	1			Technical/structural condition						
4.1.2	1			Room, equipment and plant hygiene						
4.1.3	1		**D=K.O.**	Packaging material						
4.1.4	1		**D=K.O.**	Product labelling						
4.1.5	1			Clear floor area						
4.2	Other business sections and areas									
4.2.1	1			Packaging material storage						
4.2.2	1			Cleaning and disinfection agent storage						
4.2.3	1			Disposal logistics and area						
4.2.4	1		**D=K.O.**	By-products						
4.2.5	1		**D=K.O.**	Spice storage						
4.2.6	1			Cleaning rooms						
5	Incoming and outgoing goods, labelling, use of the certification mark, traceability and transport									
5.1	Incoming goods									
5.1.1	1			Technical/structural condition						
5.1.2	1			Room, equipment and plant hygiene						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
5.1.3	1			Clear floor area						
5.1.4	1			Structure and organisation						
5.1.5	1			Transport vehicles delivery						
5.1.6	1		**D=K.O.**	Incoming goods inspection *						
5.1.7	1		**D=K.O.**	Labelling of purchased QS goods*						
5.1.8	1		**D=K.O.**	Product temperature						
5.2	Outgoing goods and returns management									
5.2.1	1			Technical/structural condition						
5.2.2	1			Room, equipment and plant hygiene						
5.2.3	1			Clear floor area						
5.2.4	1		**D=K.O.**	Outgoing goods inspection						
5.2.5	1		**D=K.O.**	Labelling of marketed QS goods *						
5.2.6	1		**D=K.O.**	Final product inspection						
5.2.7	1			Complaints management						
5.2.8	1		**D=K.O.**	Returns management						
5.2.9	1			Structure and organisation						

Company: _____ Date: _____

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
5.3	Traceability and origin									
5.3.1	1		**D=K.O.**	Traceability method						
5.3.2	1		**D=K.O.**	Traceability test *						
5.3.3	1		**D=K.O.**	Reconciliation incoming goods with outgoing goods *						
5.3.4	1		**D=K.O.**	Check of the QS eligibility of delivery						
5.3.5	1		**D=K.O.**	Separation and identification of QS goods/non-QS goods						
5.4	Transport									
5.4.1	1			Washing options for transport vehicles						
5.4.2	1			Cleaning and disinfection						
5.4.3	1			System for temperature control						
I.	VLOG-Additional Module									
I. 1	Requirement (only relevant for locations registered for VLOG-Additional Module									
I. 1.1	0			Requirement "ohne Gentechnik"						

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

Calculation basis:

	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

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.

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						
2						
3						
4						
5						
6						
7						
8						

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				