Record sheet for auditors and releasing persons

to apply for approval or extension of approval in the QS scheme

(Please fill in completely and legibly!)

**Relevant documents for the approval of auditors and releasing persons have to be submitted at the latest 6 weeks before the training in German or English language.**

**Only complete applications can be processed.**

**¨ Approval as auditor ¨ Approval as releasing person**

 **¨ First approval ¨ First approval**

**¨ Extension of approval ¨ Extension of approval**

 **¨ Re- approval ¨ Re- approval**

|  |
| --- |
| A. Applicant |
| **Name of certification body:** |
| **Name of responsible person:** |
| **Phone:** |
| **E-Mail:**  |

|  |
| --- |
| B. Auditor |
| **Surname:** | **First name:** |
| **Date of birth:** |
| **Professional degree:** |
| **Personal email address auditor:** |
| **Email address for sending the login data** (if different): |

|  |  |  |
| --- | --- | --- |
|  | Stage | Application for: |
| Approval as auditor | Approval asreleasing person |
| **Meat and Meat Products** | **Compound feed production** (Production compound feed, Production of feed, additives and premixtures, Inspection mobile feed milling and mixing plants, private labelling) | ¨ | ¨ |
| **Feed Material** (Production feed material, Inspection small producers) | ¨ | ¨ |
| **Trade/Storage, Transshipment and Transport of feed material**(only possible in connection with the approval for feed material or compound feed production) | ¨ | ¨ |
| **Agriculture** |  |  |
| * + **Cattle**
 | ¨ | ¨ |
| * + **Pig**
 | ¨ | ¨ |
| * + **Poultry**
 | ¨ | ¨ |
| **Slaughtering/Deboning** | ¨ | ¨ |
| **Processing** (Processing, Butchery) | ¨ | ¨ |
| **Wholesale Meat and Meat Products /Retail** (Food Retail, Food Retail Central Warehouse, Wholesale Meat, Broker, Storage of meat and meat products) | ¨ | ¨ |
|  | **Agricultural Coordinator** The prerequisite for this is an existing approval as QS auditor for the stages agriculture or production of fruit, vegetables, potatoes/QS-GAP | ¨ | ¨ |
|  | **Crop farming** The prerequisite for this is an existing approval as QS auditor for the stages agriculture or production of fruit, vegetables, potatoes/QS-GAP | ¨ | ¨ |
| **Fruit,****Vegetables,** **Potatoes** | **Production/QS-GAP** | ¨ | ¨ |
| **Preparation/Processing** (only possible in connection with an approval for the stage Production/QS-GAP respectively Wholesale, Processing or food retail) | ¨ | ¨ |
| **Wholesale Fruit, Vegetables, Potatoes** (Wholesale, Agencies, Logistics) | ¨ | ¨ |
| **Retail** | ¨ | ¨ |
| **Pet-Food** | **Pet Food**(Transport, Storage, Processing Plants, Pet Food Plants, Private Labelling, Wholesale, Broker) | ¨ | ¨ |

**Annexes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Comments | Will be forwarded to QS until: |
| Proof of professional degree (copy) | ¨ | ¨ |  |  |
| Curriculum Vitae | ¨ | ¨ |  |  |
| Proof of auditor training (copy) | ¨ | ¨ |  |  |
| (only auditors) | ¨ | ¨ |  |  |
| List of qualified audits | ¨ | ¨ |  |  |
| (only auditors) | ¨ | ¨ |  |  |
| Proof of special knowledge | ¨ | ¨ |  |  |
| Declaration of agreement of the Code of Conduct for the QS Scheme | ¨ | ¨ |  | **Conducted on:** |
| Declaration of Consent regarding the use of personal data | ¨ | ¨ |  | **Date initial training:** |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We confirm the correctness of the data given in the registration form and in the appendices.**

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

Signature of responsible person of the CB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of qualified audits

**Name, first name:** **Registered for CB:**

**Date of birth:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Date | Branch / Level | Company | Duration in days | Scope/Standard | For QS-audits, please note QS-location number and production scope | Audit has been con-ducted in-de-pendently | Witness audit | Please note who was accompanied/did ac-company |
| **1** |  |  |  |  |  |  | □ | □ |  |
| **2** |  |  |  |  |  |  | □ | □ |  |
| **3** |  |  |  |  |  |  | □ | □ |  |
| **4** |  |  |  |  |  |  | □ | □ |  |
| **5** |  |  |  |  |  |  | □ | □ |  |
| **6** |  |  |  |  |  |  | □ | □ |  |
| **7** |  |  |  |  |  |  | □ | □ |  |
| **8** |  |  |  |  |  |  | □ | □ |  |
| **9** |  |  |  |  |  |  | □ | □ |  |
| **10** |  |  |  |  |  |  | □ | □ |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of responsible person of the CB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/ Diesen Absatz bitte nicht löschen. Inhalt bitte vor diesem Absatz /

QS Qualität und Sicherheit GmbH

Schwertberger Straße 14, 53177 Bonn

Tel +49 228 35068-0, info@q-s.de

Managing Director: Dr. A. Hinrichs