

**FOOD SAFETY MANAGEMENT SYSTEM APPLICATION FORM**

<b>1. ORGANIZATION INFORMATION</b>				
Organization Name:				
Does the organization consist of one or more legal entities?				
In case of more than one legal entities, please specify operations performed by each one legal entity.				
VAT Reg. Num:		Tax Office:		
City/Post Code:		Address:		
Telephone Number:		Mobile Number:		
Fax:		E-mail:		
Name of Legal Representative:				
Name for contact, clarify:			Telephone Number:	
Management Representative:				
Consultant:				
<b>2. EVALUATION DATA</b>				
<b>Standard against the audit will be conducted</b>				
<input type="checkbox"/> ISO 22000	<input type="checkbox"/> FSSC 22000	<input type="checkbox"/> FSSC 22000-Quality	<input type="checkbox"/> Codex Alimentarius	<input type="checkbox"/> System pre audit
Proposed certification scope – New activities for certification:				
NOTE: The organization shall not exclude activities, processes, products or services from the desired scope of certification when those activities, processes, products or services can have an influence on the food safety of the end products as defined in the desired scope of certification.				
Are there any activities that are assigned to a subcontractor? If yes, which are they?				
Number of full-time equivalent (FTE) employees:				
NOTE: The number of employees involved in any aspect of food safety shall be expressed as a number of full time equivalent employees (FTE). When an organization deploys workers in shifts and the products and/or processes are similar, the FTE number will be calculated based on employees on the main shift (including seasonal workers) plus office workers.				
Details of shifts:		Working hours:		
Number of HACCP studies:				
NOTE: A HACCP study corresponds to a hazard analysis for a family of products/services with similar hazards and similar production technology and, where relevant, similar storage technology.				
Detailed description of the production lines and <u>attach a list of products</u> :				
Applicable legislation (National or International) on operating organization and on products/ services of organization:				
Code number of operating license(s) (attached):				
When applicable: Information regarding multi-site organizations.				
NOTE: A multi-site organization is an organization having an identified central function at which certain Food Safety Management Activities (FSMS) are planned, controlled or managed, and a network of sites at which such activities are fully or partially carried out. Examples of possible multi-site organizations are:				
<ul style="list-style-type: none"> <li>• Organizations operating with franchises;</li> <li>• A manufacturing company with one or more production sites and a network of sales offices;</li> <li>• Service organizations with multiple sites offering a similar service;</li> <li>• Organizations with multiple branches.</li> </ul>				

Has an internal audit been conducted on each site within one year prior to certification?
<p>When applicable: Information regarding organizations with off-site storage, separate head office and off-site activities</p> <p>NOTE: Off-site activities: A. Split process An organization has a (single) process that is split between different sites that shall be part of the same legal entity. The primary site is the sole receiver/customer of the secondary sites(s). For example:</p> <ul style="list-style-type: none"> <li>• A semi-finished product is moved to a separate site for a specific process step or process steps to be carried out, and is returned to the primary location for completion.</li> <li>• Such processes shall be considered for certification under a single scope and one certificate.</li> </ul> <p>B. FOR FSSC 22000 and FSSC 22000-QUALITY CERTIFICATION ONLY:  <ul style="list-style-type: none"> <li>• The number of secondary sites shall be limited to a maximum of five.</li> </ul> </p>
<p>When applicable: Details related to a request for a transfer audit from a Certification Body currently awarding certification.</p> <p>NOTE: Details should include as a minimum:</p> <ul style="list-style-type: none"> <li>• Has the previous FSMS Certification been withdrawn?</li> <li>• What is the reason for transfer?</li> </ul> <p><b>FOR FSSC 22000 and FSSC 22000-QUALITY CERTIFICATION ONLY.</b> When applicable: Details related to a request for a transition audit from Dutch HACCP, ISO 22000 or a GFSI recognized certification scheme to FSSC 22000 or FSSC-Quality.</p>
Is an interpreter required to support the audit team on-site?
Since when the FSMS standard/scheme has been implemented in the organization?
It is recommended that the applicant organization conducts a self assessment against the the relevant FSMS standard/scheme. Once the self-assessment is completed, and potential gaps are addressed, the applicant organization should state the desired audit date to A CERT.
<p>Desired audit date:</p> <p>NOTE: The desired audit date, time and season shall be chosen in a way, so that the audit team has the opportunity of auditing the organization operating on a representative number of product lines, categories and subcategories covered by the proposed scope of certification.</p>
<p>When applicable: Information regarding the Black-out days.</p> <p>Black-out days: Time periods shared by the applicant/certified organization with the certification body that prevents the unannounced audit occurring when the organization is not operating for legitimate business reasons.</p>
If there were any customer complaints, how did you handle them?
Since when the FSMS has been applied in the organization?
I declare that all the information which is written in this application form is true and can be crossed at any time
For organization (name & position):
Signature:
Date:

**APPLICATION REVIEW ( FILLED IN BY THE CERTIFICATION BODY)**

Certification Scope according to ISO/TS 22003:2013/FSSC 22000/Codex:		
Categorization of the organization (look at ICS-ISO22000-I1.1):		
Is there appropriate technical adequacy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there available appropriate auditors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Auditors' codes:		
Lead auditor's code:		
Evaluator's code:		
Are there many sites that must be inspected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how many:		
Number HACCP studies:		
Products which will be checked:		
Production lines / services will be tested:		
Processes which will be checked:		
<u>In the case of transfer (see also IAF MD2)</u>		
Have the transmission reasons been recorded?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the current certification done by an accredited MLA Plant Production member of an Accreditation Body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the authenticity and the validity of the certificate checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is it ensured that there are no non- conformities that they do not have been closed? Has the validity of the certificate been checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there any report of the previous Accreditation Body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
There are legal obligations which bind the customer;	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I In case that there was no contact regarding the above, please mention the reasons:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
According to the valid certificate, to which part of the three-year cycle is the organization?		
Audit-days estimation (look at ICS-ISO22000-I1.1):		
APPLICATION APPROVAL <input type="checkbox"/>		
The application's evaluator:	Signature:	Date:

**ΑΝΑΣΚΟΠΗΣΗ ΑΙΤΗΣΗΣ ΜΕΤΑΦΟΡΑΣ/ PRE TRANSFER REVIEW (ΣΥΜΠΛΗΡΩΝΕΤΑΙ ΑΠΟ ΤΟΝ ΦΟΡΕΑ)**

Πεδίο Πιστοποίησης σύμφωνα με ΕΑ/ΝΑCΕ:		
Η Διαπίστευση του Φορέα καλύπτει το παραπάνω πεδίο;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Ο προηγούμενος Φορέας έχει σε ισχύ διαπίστευση (από Φορέα Διαπίστευσης μέλος του ΜLΑ) στο προς πιστοποίηση πεδίο;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Οι λόγοι που ζητείται μεταφορά είναι αποδεκτοί;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Εφόσον τα ανωτέρω είναι θετικά;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
<ul style="list-style-type: none"> <li>Μας έχει αποσταλεί η τελευταία Έκθεση Επιθεώρησης;</li> <li>Απαιτούνται επιπλέον έγγραφα από τον προηγούμενο ΦΠ;</li> <li>Υπάρχουν ανοιχτές ΜΣ;</li> <li>Εάν ναι, πώς θα γίνει ο χειρισμός αυτών προκειμένου να λάβει χώρα η μεταφορά;</li> <li>Σύμφωνα με το σε ισχύ πιστοποιητικό, σε ποιο σημείου του τριτοῦς κύκλου βρίσκεται η επιχείρηση;</li> </ul>	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Εφόσον δεν είναι θετικά, τότε να συμπληρωθεί η ΑΝΑΣΚΟΠΗΣΗ ΑΙΤΗΣΗΣ ΑΞΙΟΛΟΓΗΣΗΣ/ ΜΕΤΑΒΟΛΗΣ		
Το Pre Transfer Review θα ολοκληρωθεί:	<input type="checkbox"/> στον Φορέα (να αιτιολογηθεί) <input type="checkbox"/> στην επιχείρηση	
Έχουν κατατεθεί παράπονα πελατών και πως έγινε η διαχείριση αυτών;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Έχουν δηλωθεί τυχόν υποθέσεις με Ελεγκτικούς Φορείς ή Αρχές ι σε εκκρεμότητα;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Έχει λάβει χώρα αποτελεσματική επικοινωνία με τον προηγούμενο ΦΠ;	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Εάν όχι, θα λάβει χώρα το Pre-Audit Review στις εγκαταστάσεις του αιτούντος στις:		
<b>Περαιτέρω σημειώσεις του Pre-Audit Review:</b>		
Αξιολογητής:	Υπογραφή:	Ημερομηνία:
<b>Γίνεται δεκτή η μεταφορά;</b>	<input type="checkbox"/> ΝΑΙ	<input type="checkbox"/> ΟΧΙ
Εάν όχι, να συμπληρωθεί η ΑΝΑΣΚΟΠΗΣΗ ΑΙΤΗΣΗΣ ΑΞΙΟΛΟΓΗΣΗΣ/ ΜΕΤΑΒΟΛΗΣ Εάν ναι, να ακολουθηθεί ο προγραμματισμός της επιθεώρησης ως ορίζεται (D1.5)		
Αξιολογητής:	Υπογραφή:	Ημερομηνία: