

FOOD SAFETY MANAGEMENT SYSTEMS ISO 22000 CERTIFICATION QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE FOOD SAFETY SYSTEM AND ACTIVITIES, e.g. COMPANY PUBLICITY MATERIAL. ON RECEIPT OF THE COMPLETED QUESTIONNAIRE GITCHIA WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

COMPANY NAME			
COMPANY ADDRESSES TO BE CERTIFIED (ADD MORE LINES IF REQUIRED)	Head Office:		
	Address 2:		
	Address 3:		
	Address 4:		
	Address 5:		

MULTISITE APPLICANTS: DOES EACH SITE FOLLOW A COMMON SYSTEM		TOTAL NUMBER OF SITES TO BE REGISTERED AS A MULTISITE	
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CONTACT NAME		POSITION	
TELEPHONE		FAX	
E-MAIL		WEBSITE	
NAME OF CONSULTANT (IF USED)			
OTHER CERTIFICATIONS HELD			

TYPE OF APPLICATION (PLEASE SELECT FROM THE FOLLOWING OPTIONS)					
NEW		RENEWAL		TRANSFER	
				SCOPE EXTENSION	
		ISO 22000:2005		ISO 22000:2018	

IF YOU ARE TRANSFERRING FROM ANOTHER CERTIFICATION BODY, PLEASE PROVIDE A COPY OF YOUR CURRENT ACCREDITED REGISTRATION CERTIFICATE AND YOUR TWO PREVIOUS CERTIFICATION BODY REPORTS

Have you received Training or other services from GITCHIA in the preceding 2 year period- if YES please provide dates and detail of the service provided

EMPLOYEES	TOTAL NUMBER OF STAFF	MANUFACTURING STAFF	SERVICE STAFF	STAFF WORKING OFF SITE	TOTAL STAFF AVAILABLE DURING THE AUDIT
FULL TIME					
PART TIME					
TEMPORARY					
SHIFT WORK (Y/N)		NUMBER OF SHIFTS		NUMBER OF PERSONNEL ON EACH SHIFT	

PLEASE PROVIDE DETAILS OF ANY LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES

PLEASE DESCRIBE THE GENERAL SCOPE OF YOUR BUSINESS ACTIVITY WHICH YOU INTENDED TO INCLUDE WITHIN THE SCOPE OF REGISTRATION. THE INFORMATION PROVIDED HERE WILL BE USED BY GITCHIA TO DEFINE YOUR COMPANY'S SCOPE OF REGISTRATION

PLEASE DETAIL ANY CRITICAL FOOD SAFETY RISKS YOU HAVE IDENTIFIED

HOW MANY HACCP PLANS DO YOU OPERATE (CIRCLE)							WHAT SIZE IS YOUR PRODUCTION FACILITY (CIRCLE)			
0	1	2	3	4	5	6+	0-99 m ²	100-999 m ²	1000-4999 m ²	>5000 m ²

PLEASE PROVIDE DETAILS OF ANY PART OF YOUR COMPANY'S OVERALL ACTIVITY THAT IS OUTSOURCED TO OTHER SUBCONTRACTORS/CONTRACTORS

IF YOUR COMPANY CARRIES OUR WORK AT CUSTOMER SITES PLEASE PROVIDE DETAILS BELOW OF THE WORK CARRIED OUT TYPICAL NUMBER OF SITES BY YOUR COMPANY OPERATING AT ANY TIME

PLEASE INDICATE ANY FURTHER CERTIFICATIONS YOUR COMPANY MAY BE INTERESTED IN

ISO 9001	ISO 14001	ISO 18001	ISO 13485	ISO 27001	BS 8555	OTHER	
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PRIVACY

By signing this form, we declare that the data shown here are correct and complete. We also declare to have read the GITCHIA information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize GITCHIA to process personal data for marketing, direct sales and market research purposes.

I give Consent

I do not give consent

SIGNED		DATE	
<p>IN SIGNING, I HEREBY DECLARE THAT THE DETAILS SHOWN ABOVE ARE CORRECT AND COMPLETE TO THE BEST OF MY BELIEF</p>			
POSITION HELD IN COMPANY			

**FOR A CERTIFICATION QUOTATION
PLEASE RETURN THIS QUESTIONNAIRE
TO YOUR LOCAL GITCHIA OFFICE**

THE COMPLIANCE & SYSTEM CERTIFICATION MANAGER
GITCHIA,

TO BE COMPLETED BY GITCHIA STAGE 1/RE-ASSESSMENT AUDITOR ONLY:

I confirm that the information provided in the above Questionnaire has been verified. Where further information is available this has been recorded in the Stage 1 Report	Name:	
	Signature:	