Audit checklist Coordinators Agriculture/Production (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 - Coordinators agriculture/production

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number	
QS identification number	
Name of person responsible	

Scope - Coordinators agriculture/production

Production scope	**Production number**
Agricultural coordinator	20

Additional information - Coordinators agriculture/production

Information on the production branches of coordinated farms

Livestock farming	
	Cattle farming
	Pig farming
	Poultry farming
	Livestock transport
Plant production	
	Crop farming
	Grassland use and forage production
	Food potato production
	Fruit production
	Vegetable production

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. # = 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 and FIAS!) .**										
2	**General requirements**									
2.1	**General scheme requirements**									
2.1.1	1		**D=K.O.**	Coordinator master data						
2.1.2	1			Implementation and documentation of self-assessment						
2.1.3	1			Fulfilment of measures of the self-assessment						
2.1.4	1			Use of QS certification mark						
2.1.5	1			Incident and crisis management						
3.	**Master data**									
3.1	**Maintenance of company master data**									
3.1.1	1		**D=K.O.**	Declaration of participation						
3.1.2	1		**D=K.O.**	Master data maintenance *						
3.1.3	1			Access to databases *						
4	**Independent inspection of companies**									

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
4.1	**Organisation of indepentent inspections**									
4.1.1	1		**D=K.O.**	Commissioning of certification bodies						
4.1.2	1			Organisation of initial and follow-up audits						
4.1.3	1			Information on audit results and corrective actions						
4.1.4	1			Registration of production companies with a certificate recognised by						
4.1.5	1		**D=K.O.**	Recognition of GLOBALG.A.P. certified potato growers (producer						
4.1.6	1		**D=K.O.**	Notification of QS approval						
4.2	**Communication between QS and the companies**									
4.2.1	1			Information of companies about QS *						
4.2.2	1			Notification of companies in sanction cases						
5	**Feed monitoring**									
5.1	**Organisation of participation in feed monitoring**									
5.1.1	1			Preparation of a feed control plan *						
5.1.2	1			Compliance with the feed control plan *						
5.1.3	1			Entry of sample-related and analysis data *						
5.1.4	1			Forwarding of analysis results to companies						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
5.1.5	1			Reporting of feed nonconformities to QS						
6	**Salmonella monitoring**									
6.1	**Organisation of participation in salmonella monitoring - pig**									
6.1.1	1			Recording of mandatory information						
6.1.2	1			Communication of salmonella results and category						
6.1.3	1		**D=K.O.**	Declaration of commitment: Use of the salmonella monitoring						
7	**Registration of diagnostic data**									
7.1	**Organisation of participation in the registration of diagnostic data - pig farming**									
7.1.1	1			Communication of the animal health index - pig farming						
7.2	**Organisation of participation in the registration of diagnostic data - poultry**									
7.2.1	1			Communication of the animal health index - poultry						
8	**Antibiotics monitoring**									
8.1	**Organisation of participation in antibiotics monitoring**									
8.1.1	1			Recording of mandatory data						
8.1.2	1			Communication of the therapy index and the trend analysis						
8.1.3	1		**D=K.O.**	Declaration of commitment: Use of the antibiotic monitoring						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
9	**Residue control programme for veal production**									
9.1	**Organisation of participation in the residue control programme for veal production**									
9.1.1	1		**D=K.O.**	Preparation of a residue control plan						
9.1.2	1		**D=K.O.**	Compliance with the residue control plan						
9.1.3	1		**D=K.O.**	Residue testing by accredited laboratories						
9.1.4	1			Reporting of nonconformities						
10	**Residue monitoring fruit, vegetables, potatoes**									
10.1	**Organisation of participation in the Residue Monitoring fruit, vegetables, potatoes**									
10.1.1	1		**D=K.O.**	Implementation of the residue monitoring *						
10.1.2	1		**D=K.O.**	Compliance with the QS control plan						
10.1.3	1			Forwarding of the analysis results to the companies						
10.1.4	1			Initiation of release sampling and advice on residue monitoring						
11	**Additional modules**									
11.1	**Organisation of participation in the additional module**									
11.1.1	1			Declaration on participation in the add-on module "Regionalfenster"						
13	**Requirements for registration of certificate holders and produc-ers with GLOBALG.A.P. certificates Option 2 and/or Option 1 Multisite with QMS**									

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
13.1	**General Requirements**									
13.1.1	1			Information of the certification body about registered producers						
13.1.2	1			Compliance with GLOBALG.A.P. inspection system						
13.2	**Requirements for labelling goods with the QS certification mark**									
13.2.1	1			Confirmation of the use of the QS certification mark						
13.2.2	1			Complaints in residue monitoring						
13.2.3	1			Implementation of additional inspections						
13.3	**Reporting Requirement**									
13.3.1	1			Advice by QS						
13.3.2	1			Report to QS						

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
	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 one D evaluation exists and no C evaluation

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.
Note: The correction deadline is a maximum of 28 days for all FIAS requirements and the documentation requirements: 2.1.1, 2.1.2, 3.4.1 und 3.9.5 (only valid for production!)

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						

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				