Audit checklist Broker 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		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 - Broker meat and meat products

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number (GH-No.)	
QS identification number	
Name of person responsible	

Scope - Broker meat and meat products

Production scope		**Production number**
	Broker (meat and meat products)	880

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			General business data						
2.1.2	1			Use of the QS certification mark						
2.1.3	1			Incident and crisis management						
2.1.4	1			Handling of documents						
2.1.5	1			Food safety culture						
2.1.6	1			Commissioning of logistics comanies/subcontractors						
2.2	**HACCP**									
2.2.1	1		**D=K.O.**	HACCP concept *						
2.2.2	1			Flow chart						
2.2.3	1			Hazard analysis						
2.2.4	1			HACCP verification						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
2.3	**Staff training**									
2.3.1	1			Information on the QS scheme						
3	**Process-specific requirements**									
3.1	**Incoming goods**									
3.1.1	1		**D=K.O.**	Labelling procured QS produce *						
3.1.2	1		**D=K.O.**	Returns management						
3.1.3	1			Complaints management						
3.2	**Packaging/storage transfer**									
3.2.1	1			Packaging material						
3.2.2	1		**D=K.O.**	Declaration of conformity/declaration of no objection						
3.3	**Picking, outgoing goods/dispatch**									
3.3.1	1		**D=K.O.**	Labelling of marketed QS produce *						
3.3.2	1		**D=K.O.**	Product temperature						
4	**Traceability and origin of goods**									
4.1	**Traceability method and inspection**									
4.1.1	1		**D=K.O.**	Traceability method						

Requirement no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
4.1.2	1		**D=K.O.**	Traceability test *						
4.1.3	1		**D=K.O.**	Reconciliation of incoming produce with outgoing produce *						
4.1.4	1		**D=K.O.**	Check on eligibility of delivery into the QS scheme						

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				