

### Audit checklist Agriculture Pig (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				
<b>Preliminary audit result</b>			<b>Number of agreed corrective actions</b>	

\_\_\_\_\_  
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 - Pig farming

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number (VVVO-No.)	
Registered production scope no.	
QS identification number	
Name of person responsible	
Name of coordinator	

**Scope - Pig farming ( #mandatory;##including outdoor access or open-front-stables: valid for production scopes 2001, 2002, 2008; Number of places = maximum number of places that can be used)**

Production scope	Production number	Indoor#	Number of places	Outdoor #,##	Number of places
<b>Pig farming</b>					
Pig production	2001				
Gilt / boar rearing	2002				
Sow and piglets production	2004				
Piglet rearing	2008				

### Additional information - Pig farming

	yes	no
On farm mixer (production of own feed materials and compound feedstuff)		
Use of commercial mobile feed milling and mixing plants		
Transport (own animals, own vehicles)		
Transport less than 50 km		
Transport less than 65 km		
Transport over 65 km		

Company \_\_\_\_\_

Date \_\_\_\_\_

Requirement no.	Factor	Filter <sup>1</sup>		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!) .										
<b>2 General requirements</b>										
<b>2.1 General system requirements</b>										
2.1.1	1	p	<b>D=K.O.</b>	General company data						
2.1.2	1	p		Implementation and documentation of self-assessment *						
2.1.3	1	p		Fulfillment of measures of the self-assessment						
2.1.4	1	p		Incident and crisis management						

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
<b>a 3 Livestock production requirements</b>										
<b>a 3.1 Traceability and labelling</b>										
a 3.1.1	1	P		Operational purchases and incoming goods						
a 3.1.2	1	P		Verification of eligibility of delivery *						
a 3.1.3	1	P	<b>D=K.O.</b>	Marking and identification of livestock						
a 3.1.4	1	P	<b>D=K.O.</b>	Origin and marketing *						
a 3.1.5	1	P	<b>D=K.O.</b>	Stock records *						
<b>a 3.2 Animal welfare farming</b>										
a 3.2.1	1	P	<b>D=K.O.</b>	Monitoring and care of livestock *						

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.2.2	1	P	<b>D=K.O.</b>	General farming requirements *						
a 3.2.3	1	P	<b>D=K.O.</b>	Handling sick and injured animals *						
a 3.2.4	1	P		Shed floor *						
a 3.2.5	1	P		Shed climate, temperature, noise pollution, ventilation						
a 3.2.6	1	P		Lighting *						
a 3.2.7	1	P	<b>D=K.O.</b>	Space allowances *						
a 3.2.8	1	P	<b>D=K.O.</b>	Alarm system *						
a 3.2.9	1	P		Emergency power supply						
a 3.2.10	1	P		Livestock transport *						

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.2.11	1	P		Transportability						
a 3.2.12	1	P		Requirements on loading and unloading equipment for livestock transport						
a 3.2.13	1	P	<b>D=K.O.</b>	Handling livestock during loading						
a 3.2.14 Sc	1	P	<b>D=K.O.</b>	Activity material *						
a 3.2.15	1	P	<b>D=K.O.</b>	Piglet castration						
<b>a 3.3 Feed and feeding</b>										
a 3.3.1	1	P	<b>D=K.O.</b>	Feed supply *						
a 3.3.2	1	P		Hygiene of feeding facilities						
a 3.3.3	1	P		Feed storage						

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.3.4	1	P	<b>D=K.O.</b>	Feed procurement *						
a 3.3.5	1	P		Assignment of compound feed deliveries (bulk) to location numbers						
a 3.3.6	1	P		Feed production (on-farm mixer)						
a 3.3.7	1	P		Feed production in cooperation					X	
a 3.3.8	1	P	<b>D=K.O.</b>	Use of mobile feed milling and mixing plants						
<b>a 3.4 Drinking water</b>										
a 3.4.1	1	P	<b>D=K.O.</b>	Water supply *						
a 3.4.2	1	P		Hygiene of drinking facilities						
<b>a 3.5 Animal health/medication</b>										

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.5.1	1	P		Care contract with farm veterinarian						
a 3.5.2	1	P	<b>D=K.O.</b>	Implementation of the stock care *						
a 3.5.3	1	P	<b>D=K.O.</b>	Procurement and application of medicines and vaccines						
a 3.5.4	1	P	<b>D=K.O.</b>	Storage of medicines and vaccines *						
a 3.5.5	1	P	<b>D=K.O.</b>	Identification of treated livestock						
<b>a 3.6 Hygiene</b>										
a 3.6.1	1	P		Buildings and equipment						
a 3.6.2	1	P		Hygiene on the farm						
a 3.6.3	1	P		Handling litter, dung and feed leftovers						




Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.6.4	1	P		Carcass storage and pick-up *						
a 3.6.5	1	P		Pest monitoring and control *						
a 3.6.6	1	P		Cleaning and disinfection measures						
a 3.6.7	1	P		Special hygiene requirements *						
<b>a 3.7 Monitoring programme</b>										
a 3.7.1 Sc	1	P		Salmonella monitoring: documentation on salmonella category						
a 3.7.2 Sc	1	P		Salmonella monitoring: measures towards the reduction of salmonella contamination *						
<b>a 3.8 Livestock transport</b>										
a 3.8.1	1	P		Requirements for transporting own livestock with own vehicles					X	

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
a 3.8.2	1	P		Requirements for the means of transportation					X	
a 3.8.3	1	P	<b>D=K.O.</b>	Available space during livestock transport *					X	
a 3.8.4	1	P		Cleaning and disinfection of means of transportation					X	
a 3.8.5	1	P		Delivery documents					X	
a 3.8.6	1	P	<b>D=K.O.</b>	Time intervals for feeding and watering as well as duration of transportation and resting times (for livestock transport over 50					X	
a 3.8.7	1	P		Transport papers (for livestock transport over 50 km)					X	
a 3.8.8	1	P	<b>D=K.O.</b>	Proof of qualification for drivers/carers (for livestock transport over 65 km)					X	
<b>g II VLOG-Additional Module</b>										
<b>g II.1 Requirement (only relevant for locations registered for VLOG-Additional Module)</b>										

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
g II.1.1	0	P		Requirement "ohne Gentechnik"						

Company \_\_\_\_\_

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

Requirement no.	Factor	Filter <sup>1</sup>		Criterion/ requirement	A	B	C	D	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.										
<b>e I regional windows</b>										
<b>e I.1 Requirement (only relevant for locations registered for Regionalfenster via their coordinator)</b>										
e I.1.1	1			Identification of regional goods						
e I.1.2	1			Marking of delivery documents						

Company \_\_\_\_\_ Date \_\_\_\_\_

### Calculation of audit result

#### 1. Balance of subtotals

Calculation	A	B	C	D	E
(1) Number of evaluations					9
<b>Sum of evaluations (excluding E evaluations)</b>					

#### 2. Calculation of the proportion of C and D evaluations\*

<b>Proportion of C evaluations</b>		(Number of C evaluations / sum of evaluations ) * 100
<b>Proportion of D evaluations</b>		(Number of D evaluations / sum of evaluations ) * 100
<b>Proportion of C and D evaluations</b>		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
<p><b>*Status I:</b> If the 5 % target is exceeded, status I will still be assigned if there is only one C-evaluation. <b>**Status II:</b> 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</p>		max. 5,0%	0,0%		<b>QS-Status I*</b>
		max. 10,0%	max. 3,0%	max. 10%	<b>QS-Status II**</b>
		max. 20%	max. 10%	max. 20%	<b>QS-Status III</b>
	Percentages exceeded	<b>Audit not passed.</b>			
<b>Number of K.O.</b>	K.O.	<b>Audit not passed.</b>			
	General K.O./ repeated D evaluation	<b>Audit not passed.</b>			

**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.	Requirement No.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Scope (CGF,C,P)	Deadline for correction
1						

**Company:**

**Date:**

**Review of the implementation of corrective actions**

Place, date

Signature/s of auditor/s

<b>Serial no.</b>	<b>Implemented</b>	<b>Not implemented</b>	<b>Comments (if any)</b>	<b>Date</b>
1				