For single site quotes, the information contained in this document is required to enable us to calculate the estimated cost of your facility’s audit (excluding auditor related expenses) against the requirements of the selected scheme.

For multi-site BRCGS, IFS and SQF quotes, please fill out the table in Appendix A.

For multi-site FSSC quotes, please fill out the table in Appendix B.

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| **Site Information** | | | | | | | |
| **Company Name:** |  | | | | | | |
| **Road/Street:** |  | | | | | | |
| **City, State, Zip Code:** |  | | | | | | |
| **Country:** |  | | **Phone #:** | |  | | |
| **Website:** |  | | | | | | |
| **Parent Company (if relevant)** | | | | | | | |
| **Company Name:** |  | | | | | | |
| **Road/Street:** |  | | | | | | |
| **City, State, Zip Code:** |  | | | | | | |
| **Country:** |  | | **Phone #:** | |  | | |
| **Primary Contact** | | | | | | | |
| **Primary Contact:** | Choose an item. |  | | | | | |
| **Road/Street:** |  | | | | | | |
| **City, State:** |  | | | **Zip Code:** | |  | |
| **Country:** |  | | | **Email:** | |  | |
| **Direct Phone #:** |  | | | **Cell Phone#:** | |  | |
| **Job Title:** |  | | | **Invoice Contact:** | | Choose an item. | |
| **Invoice Contact (if relevant)** | | | | | | | |
| **Contact Name:** | Choose an item. |  | | | | | |
| **Road/Street:** |  | | | | | | |
| **City, State:** |  | | | **Zip Code:** | |  | |
| **Country:** |  | | | **Email:** | |  | |
| **Direct Phone #:** |  | | | **Cell Phone#:** | |  | |
| **Job Title:** |  | | |  | |  | |
| **Type of Contact:** | Also Notify or  May Know | | | **Report Recipient:** | | | Choose an item. |

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| **Requested Services** | | |
| **Please select certification scheme(s)** | | |
| BRCGS Agents & Brokers | BRCGS AOECS | BRCGS Ethical Trade & Responsible Sourcing |
| BRCGS Food Safety | BRCGS Gluten Free | BRCGS Packaging Materials |
| BRCGS Plant Based | BRCGS Storage &  Distribution | FSSC 22000 |
| IFS Food Announced | IFS Food Unannounced | IFS Logistics |
| IFS PACSecure | ISO 22000 | PPC Corporate Office |
| PPC Food & Beverage | RSPO Book and Claim | RSPO Group |
| RSPO Multi-site | RSPO Single Site | SQF |

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| **Audit Type** | | |
| Initial Audit | Recertification | Transfer Audit\*  Select AIBI-CS as the site’s Certification Body in the scheme-specific database. |
| BRCGS START! Basic | BRCGS START! Intermediate | Global Markets |
| \*If this is a **Transfer Audit**, please provide the following as applicable:  copy of the previous audit report(s), certificate(s) and scheme number. | | |

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| **Optional Activities** | | | |
| Pre-Assessment Audit | McDonald’s Addendum | HAVI | |
| Costco Addendum | If Costco needed an Unannounced audit is required. Please list up to 10 days as non-audit days below.  **Non-audit days:** | | |
| Confirm permission to upload addendum data onto BRCGS Directory and/or customer website/s as required. | | | |
| Other Addendum or Additional Volunary Module: |  | | |
| **Hybrid / Blended Audit** (Use of Information and Communication Technology (ICT) for virtual document and record review)  *The use of ICT allows the conduction of remote activities and will not involve travel time/travel cost. Up to 50% of the calculated time may be done remotely as per standard rules. The conduction of the remote audit will have to be accepted by your organization and by AIB International and the time assigned may increase based on the capability to conduct such activities as described in the document* [*PR4 Rules for Certification*](https://www.aibinternational.com/wp-content/uploads/2021/10/PR4-Rules-for-Certification-and-Use-of-AIBICS-Logo.pdf)*.* | | | Yes |
| **Virtual/Remote Audit** (The use of ICT allows the conduction of remote activities and will not involve travel time/travel cost.)  *The conduct of the remote audit will have to be accepted by your organization and by AIB International and the time assigned may increase based on the capability to conduct such activities as described in the document* [*PR4 Rules for Certification*](https://www.aibinternational.com/wp-content/uploads/2021/10/PR4-Rules-for-Certification-and-Use-of-AIBICS-Logo.pdf)*. To allow this AIB International will be in contact to test connectivity and general capability to host a remote audit.*  *\*SQF/BRCGS Certificate holders must apply for a certificate extension prior to being considered for a fully remote audt and this option should be used only in extrmis.* | | | Yes |

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| **Audit Time Frame Requested (if relevant)** | |
| **Pre-Assessment (optional):** |  |
| **Stage 1 (FSSC only):** |  |
| **Stage 2/Certification:** |  |

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| **Site Information** | | | | |
| **Number of employees:** | **Total:** |  | | |
| **In Production:** |  | | |
| **Number of Employees per main shift (including administrative):** | |  | | |
| **Work/Shift Pattern:** | |  | | |
| **Facility size:** | **Production:** |  | | Choose an item. |
| **Warehousing:** |  | | Choose an item. |
| **Number of processing lines:** |  |  | | |
| **Number of packing lines:** | |  | | |
| **Number of HACCP plans:**  *Number of HACCP Plans included within scope - a HACCP plan corresponds to a family of products with similar hazards and similar production technology* | |  | | |
| **Does the plant have any other audits or inspections?** | | |  | |
| **Are any production processes, including packaging, outsourced by the organization?**  **If yes, please provide details on the GFSI certification status of the site carrying out the outsourced process.** | | |  | |
| **Details of the warehousing and distribution system in place (e.g. on/off site warehouse. Warehouse and distribution vehicles company owned or contracted)** | | |  | |
| **What is the primary language spoken at the facility?** | | |  | |
| **What is the language in which the food safety and quality management system is written?** | | |  | |
| **Has your plant received any consulting?** | | | Choose an item. | |
| **If yes, please provide the consultant’s name and contact information.** | | |  | |

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| **Scope Details** | |
| **Product Type**  ***For Food Manufacturing Sites:*** *Give a description of all the finished products that are made at this facility.*  ***For Packaging Manufacturing Sites:*** *Give a description of all the packaging products that are made at this facility (i.e. PET bottles, metal crown caps, glass jars, cardboard layflats, fiber board cartons, plant based bottles, printed film, bag zippers, etc.)*  ***For Storage and Distribution Sites:*** *Give a description of all the product groups that are stored at this site (i.e dry food stuffs, canned food stuffs, cleaning supplies, personal care, frozen food stuffs, refrigerated food stuffs, pet food, packaging materials, etc.)* |  |
| **Processing Type**  ***For Food Manufacturing Sites:*** *Give a description of the process and storage conditions (i.e. chopping, frying, baking, blending, peeling, cold storage, clean room, MAP, retorting, RO filtration, ambient storage etc.)*  ***For Packaging Manufacturing Sites:*** *Give a description of the processes used (i.e. blow moulding, injection moulding, lamination, extrusion, pressing, etc.)*  ***For Storage and Distribution Sites:*** *Give a description of the storage conditions (i.e. Refrigerated, Cold, Ambient) and the transport types used by the site (i.e. local delivery trucks, tractor/ trailer, shipping container, rail, cargo ship, etc.)* |  |
| **Describe in as much detail as possible the Raw Materials used and the Processes at your facility.** |  |
| **Exclusions to Scope (products/areas):**  Please note the entire building will be inspected to verify no adverse impact on the food safety of all products in certification, see also Scheme rules.  ***IFS standards*** do not allow customer branded products or regular production processes exclusions |  |
| **Packaging type of end products** |  |
| **Purpose/intended use of end products**  **(including any potential food safety hazards)** |  |
| **Please submit, if possible, flow charts from the HACCP study.** | |

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| *Please complete information for requested audit scheme only.* | | |
| **BRCGS Agents & Brokers** | | |
| **Do the office locations share a common quality management system?** | | Choose an item. |
| **Is it possible to access records and documents across all office locations without an unreasonable delay?** | | Choose an item. |
| **Is it possible to interview staff across office locations via telephone / video conference?** | | Choose an item. |
| **Confirm that all items in scope have been traded in the past 12 months** | | Choose an item. |
| **Provide the number of product lines.**  **(i.e. If you trade beef and lamb and chicken then this would be 3 product lines.)** | |  |
| **How many suppliers do you deal with?** | |  |
| **BRCGS Options** | | |
| **Uploads to the BRCGS Directory**  All audit reports will be uploaded to the BRCGS Directory. Full audit reports are never available in the public area. The public area of the directory will only display basic certificate details such as the site address, audit grade, scope, certificate issue date, and expiry date. | | |
| **If you do not wish to allow certificate details to be posted publicly, please tick the box.** Please be aware that this is not recommended. By checking the box, you are not allowing basic certificate details to be displayed in the public area of the BRCGS Directory and your customers will not have the ability to verify your BRCGS certification. | NOT Public | |
| **Unannounced Audits** | | |
| **If you wish to have an Unannounced audit, please indicate this by checking this box:** |  | |
| **If you wish to have the compulsory 1 in 3 Unannounced Audit, please indicate this by checking this box:** |  | |
| **If you wish to have an Unannounced Audit, please list up to 10 non-audit days in the last 4 months leading to the “audit due date” shown on your current certificate:** | | |

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| **BRCGS Gluten Free / AOECS / Plant-Based Certification Program** | | |
| **Is your plant:** |  | **Dedicated plant based/gluten free:** no non plant based items / gluten ever enters the facility storage or production areas |
|  | **Non-dedicated plant based / gluten free:** where both plant based and non plant based / gluten and non-gluten containing ingredients are present |
| **Have you arranged your Program License Agreement with BRCGS?** | Choose an item. | |
| **If not, are your products covered under a customer’s master license agreement?** | Choose an item. | |
| **What products do you produce?  You may attach a separate list, if necessary. Please also attach you Schedule A, signed by BRCGS.** |  | |
| **Please confirm which BRCGS Start! or GFSI certification you hold or are also applying for:** |  | |
| **Will your products be exported to the US or do you intend to apply to use the Beyond Celiac (formerly the National Foundation for Celiac Awareness (NFCA)) logo?** |  | |
| **Will your products be marketed to Mexico or do you intend to request the use of the ACELMEX (Asistencia al Celiaco de Mexico)“SIN GLUTEN SG” logo?** |  | |
| **Will you be applying for use of the AOECS trademark?** |  | |
| **Do you have a separate area to produce gluten-free products?** |  | |
| **Does your HACCP study reference gluten as a hazard?** | Choose an item. | |
| **Do you also produce products containing gluten?** |  | |
| **What percentage of total production is plant-based / gluten-free?** |  | |
| **Are plant-based / gluten-free products produced at specific times, i.e. beginning of the week, after weekly cleaning?** |  | |
| **Please note: The Program License Agreement and Schedule A for GFCP and the AOECS equivalent must be in place before the audit can be scheduled. Please see the BRCGS website on application details.** | | |

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| **FSSC Additional Site Details** | | |
| **Presence of a certified Quality or Food Safety Management System covering the same products and processes as FSSC.** | Choose an item.  *If yes, provide a copy of the valid certificate.* | |
| **Number of Full-Time Equivalent Employees involved in the Food Safety System.**  *Note: In case of workers' deployment in shifts with similar products and processes, include number of employees on the main shift, any seasonal staff and office workers involved in the Food Safety System.* | Choose an item. | |
| **Has the organization:** |  | Less than 250 employees in total and less than 3 HACCP studies (all conditions need to be met)? |
|  | 250 employees in total or more, or 3 HACCP studies and more (only one condition needs to be met)? |
| **Presence of any remote locations or temporary structures. Please include the number of such locations.**  *(for instance, remotely located storage or transport dedicated to the company's own production)* |  | |
| **Off-site activities in secondary sites (only parts of same legal entity); please describe the processes steps carried out at the secondary sites and the number of such secondary sites.** |  | |
| **Registration Number** (*Registration with the Chamber of Commerce or any other Business registration with local/ governmental authorities*) |  | |
| **Registered Trading Name(s):** |  | |
| **Food Licenses and approvals held:**  *(Domestic or export license numbers from Food Authorities)* |  | |
| **Specify any processes managed centrally by a Head Office function.** |  | |
| **Availability of necessary infrastructure to support the use of Computer Assisted Auditing Techniques 'CAAT'; please specify the available infrastructure.** |  | |
| **Execution of a single unannounced surveillance audits or two unannounced surveillance audits. Please specify.** |  | |
| **List any blackout days during which there is no production, or participation at the unannounced audits is not feasible.**  *(Blackout days accommodate periods of extreme inconvenience for the certified organization during which it would be difficult to fully participate in the audit or there is no production).* |  | |
| **Remarks**  *(Include any information that would assist effective audit planning, such as seasonality issues).* |  | |

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| **IFS Food Additional Site Details** | |
| **Type of Production Site:** | Single production site    Multi-location production sites with Head office/ Central Management    Multi-legal entity production site with same scopes  Multi-legal entity production site with different scopes  Production site with decentralised structure(s)  Specify type of activity of the decentralised structure: |
| **Outsourced process and IFS Food Assessment Scope:** | Partly outsourced processes (see part1, chapter 2.2.1 IFS Food v7); please describe: |
| Fully outsourced processes (see part1, chapter 2.2.1 IFS Food v7, EXCLUDED); please describe: |
| Traded products (see part1, chapter 2.2.1 IFS Food v7 EXCLUDED); please describe: |
| **Seasonal production/ processes/ services** | Specify the different seasonal processes and their risk profiles |
| **Provide Global Locator Number (GLN) for companies in EEA (including Switzerland).** |  |

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| **PPC Virtual Assessment Details** | |
| Please indicate the preferred language/s for the Remote Activities (part of the audit conducted using Information Technology). |  |
| Please insert your initials to indicate that you will be willing and able to share documentation with the auditor via Virtual Private Networks or email if necessary. All documentation shared would be subject to our usual confidentiality and data protection policies. Please confirm that you understand the potential risks related to security and confidentiality breaches of electronic or electronically transmitted information when using ICT. |  |
| Please insert your initials to indicate that the personnel usually required during an Onsite Audit will be available for the Remote Activities. |  |
| Please state which IT platform you will be using for the Remote Activities. NB: Our preferred platform is Microsoft Teams. If another platform is chosen, then the facility assumes responsibility for assisting the auditor to become familiar with it. |  |
| Remote Activities may require site tours using portable livestreaming technology such as cameras, microphones and headphones. Such technologies may not be suitable for your working environment (i.e. risk of explosion). Please initial here to indicate that you have taken all necessary safety advice and are adequately prepared for a successful site tour in line with guidance issued by the relevant Standard Owner. Please confirm that you understand the risk of potential ICT technology failure. |  |

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| **RSPO Additional Details** | |
| **Does the site take legal ownership and physically handles RSPO Certified Sustainable oil palm products at a location under the control of the organization including outsourced contractors** | Choose an item. |
| **Has the site been operational for at least 3 months?** |  |
| **Annual volume of RSPO Palm Oil used** | **CPO - mt**  **PK - mt** |
| **Are you currently certificated to the RSPO Standard?** | Choose an item. |
| **If ‘Yes’ who is your existing Certification Body** |  |
| **Has the site already transferred their certificate in this current certificate cycle?** | Choose an item. |
| **If the site is already certified how many audits have been conducted in this certificate cycle?** |  |
| **Type of operator** | Choose an item. |
| **Which supply chain model is the site seeking to implement?** | Choose an item. |
| **Have you previously been denied, suspended or canceled the certification of your company/group** | Choose an item. |
| **Are you a member of RSPO? If ‘Yes’ please enter your number.** |  |
| **Have you registered in Palmtrace – If yes, please include RSPO Palmtrace Registration Number** |  |
| **Do you use any subcontractors or have outsourced processes? If you, please describe (include the name and address of the outsourced organisation and the activities undertaken) and include details of whether they are certified to the RSPO standard** |  |

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| **RSPO Multi-site/Group Certification Program Eligibility** | |
| **Number of sites to be included in certificate** |  |
| **Which site will be the central office?** |  |
| **Do all sites have a legal and/or contractual relationship with the central office/Group Manager?** | Choose an item. |
| **Is there a centrally administered and documented internal control system (ICS) which is monitored by the Central Office/Group Manager. And does this include clear rules regarding eligibility for the participation of sites in the certificate?** | Choose an item. |
| **Group Manger/Management representative name** |  |
| **Are all group member legal entities** |  |
| **Do group members only handle up to 500MT of oil palm products per year?** |  |
| **For Group Certification only – proposed maximum growth rate and justification.** |  |

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| **Book and Claim** | |
| **Have you claimed at least 500 RSPO Credits in the calendar year?** | Choose an item. |

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| **SQF Additional Site Details** | | |
| **What SQF Certificate (s) are required?** | | Choose an item. |
| **Unannounced Audit Information** | | |
| **Previous Unnannounced Audit Year:**  **(Not applicable if Initial Audit)** | |  |
| **Annual Unannounced Audit Option (Select Site)** | | Yes |
| **Requested Unannounced Audit Year:** | |  |
| **Unannounced Audit Window:** | |  |
| **Below, please list your requested blackout dates, including applicable Holidays.**  *Please note, a defined blackout period shall be established by negotiation between the supplier and their certification body that prevents the unannounced re-certification audit from occurring out of season or when the facility is not operating for legitimate business reasons. Immediate suspension of the supplier certificate will occur in facilities that refuse entry to the auditor for an unannounced audit.* | | |
| **Blackout dates & reason(s):**  (non-production days, holidays, periods of renovation, etc.). **Dates without reasons will be denied. Please note that vacations are not legitimate reasons.** |  | |

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| **Multi-Site Information Details for BRCGS, SQF, IFS and PPC** | | | | | | | |
| **Site Name** | **Address** | **Contact Name/email/Title** | **# HACCP Plans** | **# Full Time Employees** | **Size of facilities (sq. ft.)** | **SQF Certificate (s) being requested**  **(SQF Only)** | **Please describe in as much detail as possible the Raw Materials used and the Processes at your facility.** |
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Appendix A

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| **Multi-Site Information Details for FSSC** | | | | | | | |
| **Site Name** | **Address** | **Contact Name/email/Title** | **# HACCP Plans** | **# Full Time Employees** | **# of Production Lines** | **Certified to Management System?** | **Please describe in as much detail as possible the Raw Materials used and the Processes at your facility.** |
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Appendix B

**Appendix C**

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| **Multi-Site/Group Information Details for RSPO** | | | | | | | |
| **Site Name** | **Address** | **Contact Name/email/Title** | **Set type** | **# Full Time Employees** | **MT of oil palm handled per year** | **Supply Chain Model** | **Date internally audited *(only applicable for Group certificates)*** |
|  |  |  | Choose an item. |  |  | Choose an item. | Click or tap to enter a date. |
|  |  |  | Choose an item. |  |  | Choose an item. | Click or tap to enter a date. |
|  |  |  | Choose an item. |  |  | Choose an item. | Click or tap to enter a date. |
|  |  |  | Choose an item. |  |  | Choose an item. | Click or tap to enter a date. |
|  |  |  | Choose an item. |  |  | Choose an item. | Click or tap to enter a date. |

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| ***Signatory is authorized by the company/firm to sign this application and ensure that products conform to requirements.*** | | |
| **Print Name:** |  | |
| **Signature:** | | **Date:** Click here to enter a date. |
| *This form can be printed and signed or a digital signature may be inserted.* | | |

*Please note upon acceptance of quote and contract, the information on the remaining pages will need to be completed and provided to AIBI-CS. This information will complete your application for certification.*

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| **AIBI-CS Review** | | |
| Category: |  | |
| Products: |  | |
| Product Scope: |  | |
| Potential Exclusions: |  | |
| IFS/BRC/FSSC/SQF Code(s) |  | |
| Application: | Accept | Reject |
| Name of Reviewer: |  | |
| Date: |  | |
| Signature of Reviewer: |  | |
| *By signature, the Reviewer is approving the audit can be conducted.* | | |
|  |  |  |
| **Remarks by Reviewer** | | |
|  | | |