This is used to request a Quote / Contract regarding the Certification of Food Safety MS FSSC 22000; it is filled in by the Organization / Company Representative. Last page includes instructions on how to send it back to QMSCERT Certification Body.

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| 1. Organization – Communication Information
 |
| Type of organization *(choose as appropriate)* | [ ]  Single Site (all functions in a single location) |
| [ ]  Head office Functions |
| [ ]  Off-site activities - Two sites (main and satellite site) |
| [ ]  Off-site activities - Campus style set-up(*multiple facilities at one location, part of the same organization*) |
| Organization Name | ... |
| Organization Address | ... | Country | ... |
| Legal Form | ... | Tax Number | ... | Tax Office | ... |
| Organization Representative | ... | Preferred Language | ... |
| Telephone Numbers | ... | Email | ... |
| Fax | ... | Website Address | ... |
| Main Contact Person (*for FSSC Assurance Platform Registration*) |
| Name: | ... | Position: | ... |
| e-mail: | ... | Phone number: | ... |
| FSSC COID Code *(if applicable)* | ... |
| Consultant / Consulting Group | ... |
| a1. Audit Information |
| ... - Registration | ... - Re-Certification | ... - Transfer from another CB\* | ... - Transition from related FSMS\* |
| Food Chain Category(ies) | Scope |
| ... | ... |
| Other Management System implemented | ... | Is your Management System Integrated? | ... |
| Standard Exclusions | ... | No of HACCP Studies | ... |
| Processes excluded from the Certification (if applicable) | ... |
| Processes outsourced to Subcontractors (if applicable) | ... |
| Applicable Legal Requirements or / and Relevant Standards | ... |
| \*Please attach to this application, current certificate and audit report from latest audit. |

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| 1. **SITE INFORMATION UNDER HEAD OFFICE FUNCTIONS**
 |
| Name | Address | Food chain Category (ies)  | Scope of certification | Number of HACCP Studies |
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| 1. **SITE INFORMATION UNDER OFF-SITE ACTIVIES**
 |
| Name | Address | Food chain Category (ies)  | Activity | Number of HACCP Studies |
|  |  |  | ... |  |
|  |  |  | ... |  |
|  |  |  | ... |  |
|  |  |  | ... |  |

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| 1. **Number of Personnel per department in the main shift for each location to be audited**
 |
| **Department** | **Main Site** | **Site 1 (Name)** | **Site 2 (Name)** | **Site 3 (Name)** |
| Top Management  | ... | ... | ... | ... |
| Production | ... | ... | ... | ... |
| Cleaning procedures | ... | ... | ... | ... |
| Maintenance | ... | ... | ... | ... |
| Product(s) storage and/ or distribution | ... | ... | ... | ... |
| Quality control | ... | ... | ... | ... |
| Product research and development | ... | ... | ... | ... |
| Site/ premises security | ... | ... | ... | ... |
| Hiring/ managing of personnel | ... | ... | ... | ... |
| Marketing activities | ... | ... | ... | ... |
| Salesmen  | ... | ... | ... | ... |
| Financial management and secretaries  | ... | ... | ... | ... |
| **Total:** ***Note 1: if a person is involved in more than one activity you “count” him/her only once.*** | ... | ... | ... | ... |
| **Reviewed by Q-CERT – Final No of personnel to be used for estimating audit duration:** | ... | ... | ... | ... |

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| 1. **other factors RELATIVE to organization’s premices & activities**
 |
| **Ε1. Shifts and Buildings** |
| ***Location*** *(Main and/or site)* | ***Number of Shifts*** | ***Square Meters*** | ***Construction / Renovation Year*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Ε2. Seasonal production** *(if applicable, add rows if more products)* |
| ***Location*** *(Main and/or site)* | ***Product*** | ***Time period*** | ***Processes*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Ε3. Audit scheduling** *(provide dates for the following)* |
| 1. Local holidays where Organization is not operating
 | ... |
| 1. Scheduled shutdowns of Organization’s operations/functions (current year)
 | ... |
| 1. Blackout days where the Organization cannot accept an unannounced audit (other than a+b)
 | ... |
| 1. **OTHER**
 |
| Comments / Notes | ... |
| Preferred Audit Dates | ... |

PERSONAL DATA PROTECTION

**By signing this Agreement**, Customer is committed to have acquired consent from the subjects of any personal data to be used in the context of the control / certification service (including sending offer, signing contract, audit planning / conducting, alerts).

Optionally, by ticking the following checkbox, Customer is committed to have acquired consent from the subjects of any personal data to be used:

[ ]  for receiving on behalf of the Customer any marketing emails regarding Q-CERT’s new services and certifications

|  |  |  |
| --- | --- | --- |
| ... |  | ... |
| Representative Name | Signature | Date of Application |

Guidelines / Notes:

* This form should be filled in and send either via email to sales@qmscert.com or via fax at **+30 2310 443094**
* Submitting accurate and complete information facilitates and thus accelerates the delivery of our quotation
* You may use additional documents / pages if needed
* In case of a Transfer from other Certification Body, please contact our offices, at: **+30 2310 443041**, **+30 2310 535765**
* You may find additional information regarding the Certification Procedures and Audit Information & Expectations on our website: [www.qmscert.com](http://www.qmscert.com/en)

Q-CERT will process all personal data that it collects during the audit in accordance with the relevant laws / regulations for the purposes stated above. In particular, it will maintain a record that is available to the customer, with a duration as defined by the relevant legislation / regulation. At the end of the scheduled duration of the record, Q-CERT is committed to destroy it in accordance with the applicable provisions. Subjects retain their right to withdraw their consent at any time, by sending a request at privacy@qmscert.com. Additional information on Personal Data Protection is available on Q-CERT website [www.qmscert.com](http://www.qmscert.com)