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*** | |
|  | |  | |  | |  | |
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| **Ε2. Seasonal production** *(if applicable, add rows if more products)* | | | | | | | |
| ***Location*** *(Main and/or site)* | ***Product*** | | ***Time period*** | | ***Processes*** | | |
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| **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](mailto: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](mailto:privacy@qmscert.com). Additional information on Personal Data Protection is available on Q-CERT website [www.qmscert.com](http://www.qmscert.com)