The information requested in this form is necessary for the preparation of an adequate service proposal by LSQA S.A.

**In case of updating information,** please confirm the information or complete only the fields where there have been changes.

All information provided by the client will be treated confidentially.

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| Overview |

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| Name of organization: |  |
| Company name: |  |
| RUT / CUIT / RFC / CIF / Legal ID / Others  |  |
| Business Name Address: |  |
| City, Country:  |  |
| C.P. of Company Name:  |  |
| Telephone: |  |
| Email: |  | Website: |  |
| Name of the Legal Representative of the organization: |  | Email: |  |
| Name of the organization's Payment Officer (person to whom to address the invoice): |  | Email: |  |
| Has the Organization requested consultancy? | YES / NO | Consultant: | NAME |

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| **Complete for BRCGS**  |
| Does the Organization listed above own **the BRCGS audit information (\*)**? | Yes |  | No |  |
| If NO is answered, please indicate Name and Address of the Organization **that owns** the BRCGS audit information |  |
| ***Note****: The organization that owns the audit information accesses the audit results in the BRCGS Directory once uploaded by LSQA.* |

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| 1. **Business sector**
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| Business / Activity / Category: |  |
| Main Products / Services: |  |
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| Legal requirements applicable to the organization: |  |
| In case of production / activity is harvest,indicate periods s and products: |  |

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| 1. **Site Data**
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| Site Name: |  |
| Address: |  |
| Geographical coordinates (GPS): |  |
| City, Country:  |  |
| Telephone: |  |
| Name of the Audit counterparty |  | Email: |  |
| Do you have key outsourced processes? Specify |  |
| Date of commencement of operations on the site: |  |
| ***Note:*** *At least three months of pre-audit operation* *records should* *be available* |
| Are there centralized processes elsewhere (e.g. Head office (HO))? Detail:* Address
* Activities
* Nº sites under the functions of HO
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| In case of having Warehouses or any other operational facility outside the production site that is managed by the company itself, indicate:* Address
* Activities
* Distance to the site (km and transfer time approx)
* Property
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| Number of HACCP Plans (**families\***): |  |
| *(\*)*  ***Note:*** *HACCP plans can be* ***grouped by product/similar technology groups*** |
| In the case of grouping of HACCP plans, provide the technical justification: |  |

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| **COMPLETE FOR BRCGS** |
| ***Information needed for budgeting and defining the scope of the BRCGS audit***  |
| Deposits on site (in m2): |  |
| Size of manufacturing facility (m2*):* |  |
| ***Note:*** *if there are different floors on site, the total area of the facilities must be added* |
| Do you have: | High Risk Areas? |  |  |  |  |
| High Care Areas? | Yes |  | No |  |
| High Care Zones at Room Temperature? | Yes |  | No |  |
| ***Note****: High-risk areas, high-care areas or high-care areas at room temperature as defined in Annex II of the BRCGS Food standard* |
| If there are warehouses managed by the company within 50 km (item 2)Do you include them in the scope of certification? | Yes |  | No |  |
| Do you handle “Traded products” on the Site? (products not manufactured or processed in the site, but purchased and sold by the site) *If so, the company must decide to include or exclude them from the scope of certification.*  | Yes |  | No |  |
| Are “traded goods " INCLUDED in the scope of certification? | Yes |  | No |  |
| ***Note:*** *As defined in section 9 of the BRCGS Food standard:* *Requirements applicable to Traded Products.* |

After confirming the service and prior to the completion of each Audit, the organization must provide LSQA with the documentation requested in the FG180 – Pre audit Information (**BRCGS**).

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| 4. Workers and work shifts |

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| **Shifts** | **Start time** | **End time** | **Description of activities** | **Workers relevant to the applicable certification** |
| **Administrative****Permanent** | **Operative****Permanent** | **Seasonal** | **FTE (\*)** |
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|  Total number of workers (relevant to the applicable certification) |  |  |  |  |

*Note: (\*) FTE refers to the Full Time Equivalent of administrative + operational + seasonal staff, relevant to the applicable certification.*

*If there are work shifts, the FTE of the organization is equal to the sum of the FTE of each shift.*

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| Total Number of Collaborators of the organization |  |
| If the FTE is different from the total number of workers in the organization, provide appropriate justification: |  |

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| 1. **Service Requested**
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| BRCGS Food[ ]  | FSSC 22000 [ ]  | ISO 22000 [ ]  | HACCP [ ]  | NCh 2861 [ ]  | BPM [ ]  |
| GFSI Global Markets Basic [ ]  | GFSI Global Markets Intermediate [ ]  | BRCGS Start! Basic [ ]  | BRCGS Start! Intermediate [ ]  | FSSC 22000Development Program[ ]  |
| SQMS McDonalds[ ]  | GMP McDonalds[ ]  | GMPCOSTCO[ ]  | In case of combined audit or require another SGIA certification, indicate Standards/s and Type of audit(s) |  |
| Certification [ ]  | Surveillance 1 [ ]  | Surveillance 2 [ ]  | Re-certification [ ]  | Evaluation [ ]  | Scope Extension [ ]  |
| Pre-Audit  | Yes |  | No |  |
| FSMA Voluntary Module | Yes |  | No |  |
| BRCGS Unannounced Voluntary Program | Yes |  | No |  |
| GFCP Gluten-Free Certification Program ***Note:*** *GFCP requiresre to sign a Program Licence Agreement with* ***BRCGS*** *(PLA) and Annex A.* | Independent audit  |  | Combined with aud. GFSI |  |
| Unannounced combined with GFSI audit  |  |
| Language of the Audit Report |  |

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| Describe the desired scope of certification/assessment: |  |
| ***Note1****: It must detail the product group or groups, the main processes and the packaging to be certified, in Spanish and English* |
| Do you want to exclude products/processes from scope? Detail and technically justify according to ***Note 2*** |  |
| ***Note2:***  *Exclusions may be accepted in exceptional circumstances and if technically justified:**The excluded products are clearly differentiated from the products within scope, and the products are produced in a physically separate area of the factory. No part of the process that takes place in the establishment or any part of the standard can be excluded.**For BRCGS exclusions, see standard in section 1.6.2* |

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| **Complete only if you are a COSTCO Supplier (Note: Delete this table if not applicable)** |
| COSTCO Volunteer Module | Yes |  | No |  |
| Are you a direct supplier to COSTCO?  | Yes |  | No |  |
| What products do you sell or would you sell to COSTCO? |  |
| Do you agree to LSQA sharing audit results with COSTCO?  *(Audit report release approval)* | Yes |  | No |  |
| Does it require publication of the audit results in Azzule or EFA? (COSTCO platforms) | Azzule |  | EFA |  |
| If you need to share in Azzule, indicate:* What documents you need to share
* with whom(s)
 | [ ]  Report  | [ ]  Checklist | [x]  Certificate | [x]  Other: |
| Name(s) customers to share on Azzule |  |
| If you have any additional requirements from COSTCO, please detail here (e.g. N60, deadline, etc.) |  |
| ***Note: As of April 1, 2023, all audits for COSTCO must be unannounced.*** |

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| **Transfer of Certification** |
| In case the site to be audited has a valid certificate with another Certification Body in the standard you are requesting | Please attach:* Copy of certificate
* Latest audit report
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| FSSC 22000, ISO22000 and NCH2861 | Your business executive will contact you to request additional information to assess whether the eligibility conditions for a transfer are met. |
| BRCGS | Company ID in BRCGS Directory |  |
| authorize LSQA to request BRCGS to transfer the Site to the Directory? | YES [ ] NO [ ]  |
| Indicate if you need to update information in BRCGS Directory about the company or site, its address, contact/user information in Directory |  |
| Do you want to do the renewal audit before the window of your current certificate?If yes, you must provide a justification for transfer with Early *Audit*  | IF YES [ ]  Justify:NO [ ]  |

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| 1. **Data provided by (APPLICANT ORGANIZATION)**
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| Name: |  |
| E - Mail: |  |
| Charge: |  |
| Date: |  |

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**From now on, the form must be completed exclusively by LSQA**

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| 1. **Assignment of Technical Area to the company**
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| **Product category(s) (according to the certification scheme)** |
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| **7. Calculation of evaluation days**  |

Reference documents:

BRCGS Food/ BRCGS Start! / GFCP (Gluten Free): Current Audit Duration Calculator

QS022 - Quality Plan: ISO 22000/FSSC Certification Process

FSSC 22000 Audit Programme

FSSC Development Program

ISO/TS 22003

DA-D15 guideline for HACCP time calculation according to Nch 2861

DS044- Duration of HACCP-NCh 2861 audits

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| **Time Calculation**  |
| Certification: Surveillance 1: Surveillance 2: Recertification: Evaluation:  |
| ***Detail the criteria applied for the calculation of time:****e.g. HACCP plans (grouped or not), m2 considered; especially clarify if there were differences between the criteria taken and those declared by the client in the form* |
| Details criteria here |
| ***Notes for BRCGS calculation:*** ***Built area:*** *must be added m2 of built area of the production site + m2 deposits on site.* ***Number of workers****: Maximum FTE in main shift when there are shifts performing the same activities****HACCP plans****: consider families/grouping if applicable* ***Risk areas:*** *consider types of risk zones present on site****Additional time:*** *Consider additional time for traded goods, Off-Site Deposits, Headoffice, Voluntary Modules (13 FSMA; 14 COSTCO), and verification of implementation of corrective actions for nonconformities of previous audits in case there is a significant number**Please discriminate on-site effective time (table time) + lunch time**In the commercial proposal add time for documentation, Plataforms handling as appropriate (planning and preparation time, report, RT, others)* |
| **Justification in case of deviations** (maximum 30% for BRCGS): |
|  |
| ***Note****: for justification criteria for time modifications in BRCGS, see annex 1 of the current Audit Duration Calculator* |

***In case of Transfers:***

*ForFSSC 22000, ISO22000 and NCH2861, according to the guidelines of QG001: Certification Transfer Process.*

*For information on FSSC 20000 exclusions, see QS022.*

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| Application Reviewer (RS): |   |  |
| Date: |  | Signature |