|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **ADDITIONAL INFORMATION** |
| **Do you have a written Food Safety Plan including GMP’s?**  |  |  |  |
| **Has a food risk assessment been undertaken?** |  |  |  |
| **Do you have a HACCP, Risk Management Plan or other Food Safety System?** |  |  |  |
| **Do you have Sanitary Standard Operating Procedures (SSOP’s)?** |  |  |  |
| **Do you have an Employee Hygiene Program?** |  |  |  |
| **Are personnel trained in food hygiene and safety?** |  |  |  |
| **Do you have a Pest Control Program?** |  |  |  |
| **Are cross-contamination risks controlled?** |  |  |  |
| **Do you have a Recall Program?** |  |  |  |
| **Do you have full traceability?** |  |  |  |
| **Do you have a system for handling customer complaints?** |  |  |  |
| **Do you have allergens on site?** |  |  |  |
| **Do you have an Allergen Control Program on site?** |  |  |  |
| **Do you have a Supplier Approval Program?** |  |  |  |
| **Are manufacturing instructions documented?** |  |  |  |
| **Do you carry out any auditing, either internal or external?**  |  |  |  |
| **Do you carry liability insurance?** |  |  |  |

**I hereby declare that to the best of my knowledge the answers contained within this questionnaire are accurate.**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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