1. Overview

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| --- | --- | --- | --- |
| Name of organization: |  | | |
| Company name: |  | | |
| Legal ID / Others |  | | |
| Business Name Address: |  | | |
| City, Country: |  | | |
| 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: |  |
| Phone: |  |

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| **2.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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| **3.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 |  | | |
| 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: |  |
| Applied PRPs/Specific PRPs: |  |

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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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| **5. Requested Service** |

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| FSSC 22000 | FSSC 22000 - Quality | ISO 22000 | HACCP | FSSC 22000  Development Program | GMP  COSTCO |
| Certification | Surveillance 1 | Surveillance 2 | Re-certification | Evaluation | Scope  Extension |
| Pre-Audit | | Yes |  | No |  |
| FSMA Voluntary Module | | Yes |  | No |  |
| 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 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.* | |

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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 BRILLIANT CERTIFICATION 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 | Certificate | 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 |
| FSSC 22000 and ISO22000 | Our admin will contact you to request additional information to assess whether the eligibility conditions for a transfer are met. |

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| **6. Data provided by (APPLICANT ORGANIZATION)** |

|  |  |
| --- | --- |
| Name: |  |
| E - Mail: |  |
| Contact Phone Number: |  |
| Date: |  |
| Signature: |  |
| Stamp: |  |

***Important Note:*** *The information requested in this form is necessary for the preparation of an adequate service proposal by Brilliant Certification .*

***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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**To be completed exclusively by BRILLIANT CERTIFICATION**

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| **7.Assignment of Technical Area to the company** |

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| **Product category(s) (according to the certification scheme)** |
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| **8. Calculation of evaluation days base** |

**Reference documents:**

FSSC 22000

ISO/TS 22003

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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:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Application Reviewer Name: |  | Signature: |  |
| Date : |  |