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| **Name of client:** {{Name}} | **Date:** |

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| **1] Scope of Certification** | | | | | | | | | | | | | | | |
| **Current** | | | | | | | | | | | **Any Changes** | | | | |
| **Address(es) (including all sites as applicable e.g. HO + Sites)** | | | | | | | | **‘Scope of Certification’ as given in the “Certificate of Approval” and site wise Annexure** | | | **Address(es)** | | | **Scope of Certification** | |
| 1) | |  | | | | | |  | | |  | | |  | |
| 2) | |  | | | | | |  | | |  | | |  | |
| 3) | |  | | | | | |  | | |  | | |  | |
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| **2] Changes since last audit** | | | | | | | | | | | | | | | |
| a) | Legal Status | | | | | | | |  | | | | | | |
| b) | Changes in the Site approval | | | | | | | |  | | | | | | |
| c) | Change in Top Management If yes, please mentioned the details of changes | | | | | | | |  | | | | | | |
| d) | Key changes in the Organization Structure | | | | | | | |  | | | | | | |
| e) | Key changes in the Roles, Responsibilities, Authorities & Accountability | | | | | | | |  | | | | | | |
| f) | Changes in the Infrastructure & Layout | | | | | | | |  | | | | | | |
| g) | Any changes in Seasonal Activities:  [For eg: harvesting activities, holiday resorts etc.) / Activities not carried out through out the year. | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
| **3] Total number of employees (Including workers as applicable)** | | | | | | | | | | | | | | | |
| **Personnel responsible to provide the relevant information:** | | | | | | | | | | | | | | | |
| **Shifts** | | | | **Working Hours** | | **Activities Carried out in Each Shift & Shift timing** | | | | | | | | | |
| **From** | **To** |
| General Shift | | | |  |  |  | | | | | | | | | |
| First Shift | | | |  |  |  | | | | | | | | | |
| Second Shift | | | |  |  |  | | | | | | | | | |
| Third Shift | | | |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Department | | | | | | | Permanent | | | Temporary | | | Contract | | Part-time |
|  | | | | | | |  | | |  | | |  | |  |
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| Total | | | | | | |  | | |  | | |  | |  |
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| **4] Documented information** | | | | | | | | | | |  | | | | |
| Changes in documentation (Attached revised documentation) | | | | | | | | | | |  | | | | |
| Aspect Impact assessment   * Last review done on. * List of significance environmental aspect | | | | | | | | | | |  | | | | |
| Hazard & risk assessment   * Last review done on. * List of identified hazards and risks. | | | | | | | | | | |  | | | | |
| List of applicable legal requirement | | | | | | | | | | |  | | | | |
| List of objectives set | | | | | | | | | | |  | | | | |
| List of outsourced activities | | | | | | | | | | |  | | | | |
| Summary of Internal audit | | | | | | | | | | |  | | | | |
| Minutes of Management review | | | | | | | | | | |  | | | | |
| Incidents   * Number of Fatal incidents * Number of reportable incidents (Other than fatal) * Number of Non-reportable incidents * Number of near misses | | | | | | | | | | |  | | | | |
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| **5] Additionally, for Food Scheme** | | | | | | | | | | |  | | | | |
| 1) | | | Changes in the Product, product cluster / HACCP studies applied for the scope of certification | | | | | | | |  | | | | |
| 2) | | | Any Activity belonging to the same legal entity of the parent organization applied for Certification | | | | | | | |  | | | | |
| 3) | | | For Dairy Units: Number of Collection Centres/ Milk Chilling centres belonging to the same legal entity of the parent organization applied for Certification | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **6] Additionally, Energy management system (EnMS)** | | | | | | | | | | |  | | | | |
| 1) | | | Saving in Energy consumption compared to last year. | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **7] Additionally, Information Security Management System (ISMS / PIMS)** | | | | | | | | | | |  | | | | |
| 1) | | | Have there any Cyber related incidents happened previously. If yes, brief details of the incident | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **8] Additionally, Information Security Management System (SCSMS)** | | | | | | | | | | |  | | | | |
| 1) | | | Last review done for Threat and Risk Assessment | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| **9] Provision of Personal Protective Equipment** | | | | | | | | | | | |  | | | |
| 1) | | | Kindly confirm safety shoes and other relevant PPE shall be provided to the Audit Team | | | | | | | | | 🗖 Yes 🗖 No | | | |

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| **Name of Authorized Person:** | **Date:** |