

Assessment Schedule

No.

M/s ABC

DD.MM.YYYY

Attn.: Mr.

Dear Mr

Please find the enclosed assessment schedule of your organization to cover the audit as per the requirement of BRCGS Packing Materials Issue 6

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We request you to provide,

1. To provide one facilitator(s) to escort the auditor within the premises during the assessment period and he should be a responsible person of your organization who can be a witness for the non conformities observed by the Auditor and should vouch for them.

In case you have any objection,

- a) For the assessment schedule dates, timings and departments
- b) On the auditors/Technical experts proposed for the audit, which may constitute conflict of interest because of his past association with your organization.

Please inform us within 7 days after receiving this communication. If we don't receive any communication in this effect within 7 days, we presume that you have no objection and proceed with the proposed audit schedule and auditors.

Thanking you.

Yours faithfully,

Enclosures: Assessment Schedule

M/s ABC

DD.MM.YYYY

Producer Group Name :	
Location to be Audited	
Distance <ul style="list-style-type: none">- Between the place where the auditor stays and the audit location to be assessed- Approximate Travel time.	

File No.	
Audit Date	
Scope	
Type of Audit	

Auditor Name	Address	Contact Numbers

- **Schedule is based on number of locations and employees to be audited and number of farmer members in the group as mentioned below.**
- Normally the audit team will conduct the assessment in English. However if majority of your personnel are not conversant with English, you may please indicate the preferred language for conversation during the assessment process.

The Lead Auditor shall finalize the audit plan along with the scope with the auditee at the Opening Meeting after completion of site visit.

DD.MM.YYYY

Assessor Preparation :
Opening Meeting :

Allocation of activity/processes and time. Minimum of 8 hours working excluding lunch time.

Auditor	Activity/Process	Time Duration

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For ABC

Authorized Signatory.

Date:

Place:

Document Version: