**SUPPLIER AUDIT CHECKLIST**

The purpose of this audit is to conduct an assessment of hygiene standards in all aspects of the food handling procedures carried out in the facility and to ensure that all relevant Corrective Actions are carried out and documented.

**Audit Date ...............................................................................................................**

**Auditor Name.........................................................................................................................**

**Audit Instructions**

1. Complete the Food Safety Audit at least twice per year.

2. The audit consists of two types of review:-

**A Desktop Audit** i.e. a review of the documentation and records used as part of the organization’s Food Safety Program; and

**An on-Site Audit** of the practices and procedures being carried out during production and packing and storage.

3. During the audit, speak with staff/ volunteers to gauge what is actually happening day-to-day.

4. Record “NA” for questions which are not relevant.

5. On completion of the audit prepare the report and submit to JBF .

**Supplier Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­Plant Name:**

**Address:**

**City: State/Province:**

**Country:**

**Postal Code:**

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**Plant Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title/Position** | **Name** | **Telephone** | **Fax** | **Email Address** |
|  |  |  |  |  |
|  |  |  |  |  |

**Current Audit Information**

**­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Audit Performed:**

Is the facility required to be registered with the FDA?

Is the facility registered with the FDA?

Current certifications of the facility: **ISO 9001/ ISO 140001/ ISO 22000/HACCP/OHSAS 18001/ Others**

**Overview of site, operation, scope of Product (s) Produced**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this facility audit their supplier either through a first/second/third party audit? Yes / No**

**Products manufactured in the facility:**

**Structure Size, Construction, and Design**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Built:**

**Year(s) Updated:**

**Size of Facility:** square feet

**Number of Employees:**

**Property Size:** acres

**Building Materials, Exterior Walls:**

**Building Material, Interior Walls:**

**Building Material, Floors:**

**Building Material, Exterior Roof:**

**Building Material, Interior Ceiling:**

**Areas of the Plant Exluded from the Audit:**

**Past Audit Information**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Auditor Judgement Summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Section** | **Fully Meets** | **Substantially**  **Meets** | **Partially**  **Meets** | **Does**  **Not**  **Meet** | **Critical**  **Failure** | **Not**  **Applicable /**  **Auditable** |
| 1.0 MANAGEMENT  RESPONSIBILITY | 1.1 Management Commitment and Review |  |  |  |  |  |  |
| 2.0  FUNDAMENTALS | 2.1 Infrastructure |  |  |  |  |  |  |
|  | 2.2 Sanitation |  |  |  |  |  |  |
|  | 2.3 Pest Control |  |  |  |  |  |  |
|  | 2.4 Chemical Control |  |  |  |  |  |  |
|  | 2.5 Personnel Practices |  |  |  |  |  |  |
|  | 2.6 Training & Education |  |  |  |  |  |  |
|  | 2.7 Handling Storage & Delivery |  |  |  |  |  |  |
|  | 2.8 Vendor Approval |  |  |  |  |  |  |
|  | 2.9 Packaging Approval for Use |  |  |  |  |  |  |
|  | 2.10 Control of Materials |  |  |  |  |  |  |
|  | 2.11 Sanitary Design |  |  |  |  |  |  |
|  | 2.12 Traceability and Recall Management |  |  |  |  |  |  |
|  | 2.13 Crisis Management |  |  |  |  |  |  |
|  | 2.14 Food Defense |  |  |  |  |  |  |
|  | 2.15 Calibration Measuring Equipments |  |  |  |  |  |  |
|  | 2.16 Traffic Control |  |  |  |  |  |  |
|  | 2.17 Maintenance |  |  |  |  |  |  |
|  | 2.18Glass and Wood Policy |  |  |  |  |  |  |
| 3.0 FOOD SAFETY  &  HACCP SYSTEMS | 3.1 HACCP/Food Safety |  |  |  |  |  |  |
|  | 3.2 Microbiological Testing |  |  |  |  |  |  |
|  | 3.3 Analytical Testing for Food Safety and/or |  |  |  |  |  |  |
|  | Regulatory Compliance |  |  |  |  |  |  |
|  | 3.4 Food Allergens and Chemical Sensitivities |  |  |  |  |  |  |
|  | 3.5 Foreign Material Control |  |  |  |  |  |  |
| 4.0  MANUFACTURING  QUALITY  SYSTEMS | 4.1 Conformance to Customer Specifications |  |  |  |  |  |  |
|  | 4.2 Process Control |  |  |  |  |  |  |
|  | 4.3 Inspection & Testing |  |  |  |  |  |  |
|  | 4.4 Control of non conforming Materials |  |  |  |  |  |  |
|  | 4.5 Good Laboratory Practices |  |  |  |  |  |  |
|  | 4.6 Document Control and Record Keeping |  |  |  |  |  |  |
|  | 4.7 Corrective and Preventive Action |  |  |  |  |  |  |
|  | 4.8 Continuous Improvement |  |  |  |  |  |  |
|  | 4.9 Customer/Consumer Complaints |  |  |  |  |  |  |
|  | 4.10 Internal Auditing |  |  |  |  |  |  |
| 5.0 REGULATORY  CONSIDERATION | 5.1 Labeling Approval |  |  |  |  |  |  |
|  | 5.2 Regulatory & Industry Compliance |  |  |  |  |  |  |
|  | 5.3 Management of the Regulatory Inspection Process |  |  |  |  |  |  |