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| **QUESTIONS** | **SITE ANSWER** |
| Name of facility: |  |
| Address of facility: |  |
| Key contact person: |  |
| Email: |  |
| Client Number (BRCGS / SQF / FSSC/ IFS/ PPC Site code AND AIB Ref No (BRC-FD/SD/PK-xxx or IFS- FD/SD/PK (in file name of certificate). |  |
| **BRCGS/ IFS and SQF ONLY:**  Grade/Score from last audit and Audit Due Date on Certificate: |  |
| **Requested Audit Methodology (NB: not all options offered by all Standards):** | Hybrid  Remote  Regular |
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| Please indicate that you understand the requirement to have an audit within the timeframe described by BRCGS / SQF / FSSC/ IFS otherwise the certificate cannot be issued. |  |
| Have there been any significant changes in your products or processes since the last audit? If yes, please describe |  |
| Please provide your customer complaint metric for the last 12 months to date: |  |
| Has there been a recall or withdrawal since the last audit? If yes, please describe, including if it was a site caused recall. |  |
| Are there any legal actions in progress regarding your facility? If yes, please describe. |  |
| Please indicate the preferred language/s for the Remote Activities (part of the audit conducted using Information Technology). |  |
| Please insert your initials to indicate that you have reviewed the documentation supplied by BRCGS / SQF / FSSC / IFS and that you understand the potential disadvantages with the audit option chosen. |  |
| Please insert your initials to indicate that you will be willing and able to share documentation with the auditor via Virtual Private Networks or email if necessary. All documentation shared would be subject to our usual confidentiality and data protection policies. Please confirm that you understand the potential risks related to security and confidentiality breaches of electronic or electronically transmitted information when using ICT. |  |
| Please insert your initials to indicate that you understand that the Remote Activities are subject to the usual billing and may take more time than usual for a variety of reasons and that any additional time will be billed in 0.25 day increments. |  |
| Please insert your initials to indicate that the personnel usually required during an Onsite Audit will be available for the Remote Activities.  Please confirm the language used to perform the remote activities. |  |
| Please state which IT platform you will be using for the Remote Activities. NB: Our preferred platform is Microsoft Teams. If another platform is chosen, then the facility assumes responsibility for assisting the auditor to become familiar with it. |  |
| Remote Activities may require site tours using portable livestreaming technology such as cameras, microphones and headphones. Such technologies may not be suitable for your working environment (i.e. risk of explosion). Please initial here to indicate that you have taken all necessary safety advice and are adequately prepared for a successful site tour in line with guidance issued by the relevant Standard Owner. Please confirm that you understand the risk of potential ICT technology failure. |  |

**For AIB International use only:**

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| Is the facility’s score / grade / recall status etc suitable for a Remote/Hybrid Audit? |  |
| Will additional time be required during the Remote/Hybrid Audit? If yes, how much time? (BRCGS C/D grade or recall add 0.5 day to onsite audit) (IFS split process add 0.25d) |  |
| Is the facility willing to participate the Remote Activities of the audit? |  |
| Are there any limitations to conducting a Remote Activities? Describe |  |
| Based upon standard owner guidance – describe permitted course/s of action with regard to the Hybrid Audit: |  |
| Based upon standard owner guidance – describe permitted course/s of action with regard to the certificate: |  |

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| Proposed Audit Methodology: | Hybrid  Remote  Standard | |
| Application: | Accept | Reject |
| Name of Reviewer: |  | |
| Date: |  | |
| Signature of Reviewer: |  | |
| *By signature, the Reviewer is approving the audit can be conducted.* | | |