



Area reserved to ICDQ GREECE P.C.

Offer request no:

Date:

Dear Sir, to allow us to formulate a personalized offer, we kindly ask you to fill in this document in all its parts. Please stamp and sign this document and submit it by email to: info@icdq.gr. We are available for any eventual clarification.

N.B. : The completion of this document does not constitute any commitment on your part.

PART A: COMPANY DATA

A1: REFERENCE STANDARD AND THE TYPE OF AUDIT REQUIRED

Standard: ISO 22000:2018 **Audit:** Initial certification Recertification Surveillance Transfer

A2: GENERAL DATA OF THE COMPANY (REGISTERED OFFICE)

Name of the company:

Address: CAP: City: Prov.:

VAT: C.F.:

Telefon: Fax: Mobile:

e-mail: web:

Company size m²:

Contact person:

A3: PERSONNEL INVOLVED IN THE CERTIFICATION

N° of personnel:

N° shifts: N° workers per shift:

In the case of multi-shift indicate whether the realized processes are the same? YES NO



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PART B: APPLICATION AREA

B1: NUMBER OF HACCP PLANS / STUDIES

Activities that are subject to certification and description of/processes/products (specifying the main stages)

B2: OPERATIVE OFFICES

If the operative office is different from the head office and if there are any other organization locations for which certification is required to define all the sites that are to be certified.

In the CATERING sector when is intended also to certify the administration process, attach a list of sites by specifying: name - client typology (school, hospital, company, etc.) - address - n. meals.

(in case of higher number of seats, include the particulars mentioned in an annex)

Name of the site and activity	Address	N° employees

PART C : ACTIVITY DESCRIPTION

C1: Indicate the families of products / processes with risk similarity, production technologies and, where relevant, also the storage modality.

C2: Process information.

a. How many production lines are present? _____

b. How many meals are provided daily? (Applicable only for catering services) _____

c. Detailed list of the activities / final products / services provided (only for companies that perform the following activities)

PRIMARY ANIMAL PRODUCTION:

PLANT PRIMARY PRODUCTION:

PRODUCTION OF LONG CONSERVATION PRODUCTS



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SUPPLY OF SERVICES:

Tick the combined number - text box (Example 3 skim milk) for each product / service performed.

d. There are a number of control measures (CCP + PRP + PRPo) superior to 25? YES NO

e. There is an internal laboratory? YES NO

f. Activities and data processes in subcontracting (outsourcing): YES NO

If you specify which is the operating site:

g. Continuous production process: YES NO

h. Seasonal production process:

i. The products / services are intended for customers of foreign countries? (Fill in Annex 1)

l. Other information that the company considers important:

C3: The organization has used external consultancy services? If yes indicate:

Consultancy service company:

Consultant:

PART D: Certifications and production standards already existing

D1: Does the company have other certifications? YES NO

Provide details: reference standard, certification body, subject to certification, certificate expires

D2: The company is structured in accordance with the guidelines for its area?

(CODEX ALIMENTARIUS – GMP – category association – intitutions –etc.)

YES NO If yes which one?

The signature person, as head of the company says that the data on reported are real and true.

Request compiled by:

Date:

Function:

Stamp and signature of the company