



No.	F-41
Revision No.	03
Issue Date	2019-09 -19

## SQF Pre-Application Questionnaire Checklist

Please complete by checking the appropriate boxes and return to the Certification Manager or Authorized staff at TSLCSI

<b>Name of Facility/Site:</b>
<b>Address of Facility/Site:</b>
<b>Quality/FS/ SQF Practitioner:</b>

No.	QUESTIONS	YES	NO	N/A	COMMENTS
1.	Has the site identified its core business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have you already defined the scope of the certification you are applying for? <b>(Scope means that the certification (i.e. FS/ SQF) certification meets this requirement and provides assurance that a site's food safety plan and management system are implemented in accordance with Codex Alimentarius HACCP principles and food regulations such as those required and outlined in European Food Law and the U.S. Food Safety Modernization Act (FSMA)).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the site have a documented and robust pre-requisite/GMP programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you have a documented HACCP Plan for each product category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are the following in place? <input type="checkbox"/> Document Control <input type="checkbox"/> Records Control <input type="checkbox"/> Control of Nonconforming Product <input type="checkbox"/> Internal audit <input type="checkbox"/> Management Review <input type="checkbox"/> Corrective action <input type="checkbox"/> Preventive action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Does the site/facility have evidence of at three months implementation records of your FS system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Has the site formulated and established food safety policies and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Is there an appointed Quality/Food Safety/ SQF Practitioner in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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9.	Is an organization chart available outlining authority, roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Has the facility/site conducted a full system internal audit at the facility taking into consideration the scope sought for certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are there records in house to verify this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are non-conformity/ies cited and corrective actions during these audits closed and the effectiveness verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Has the facility/site conducted at a minimum one management review based on all the required inputs and outputs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Can you provide evidence of management's commitment to the full implementation & maintenance of the system?				
15	Is there evidence that food safety culture is promoted, encouraged, and practiced by the management team within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Does the site/facility have a system for food recall and product traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Do you have a documented system in place to identify and manage food defense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Is there a documented system in place to manage food fraud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Does the site have a system for selecting, establishing, and empowering the food safety & quality committee (the HACCP/FS team)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Are staff members trained and competent in the various processes for which they manage or operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Is there a defined process for managing customer feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Does the facility have a system for defining the selection of suppliers and the evaluation of their performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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**NOTE:** TSL CSI uses the contents of this form to verify that the Sites/Facilities meet the eligibility requirements for the related SQF system/s before proceeding to the application stage for initial certification. Persons are therefore required to complete this form in its entirety.

Name of Site/Facility Representative:

Date:

*Shaded area to be completed internally by TSL CSI Authorized Personnel*

Review and Decision -TSL CSI Authorized Management Personnel				
<b>Reviewed</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Rejected	<input type="checkbox"/> More Info needed
<b>Date</b>				
<b>Explanation of Decision</b>				
<b>Conditions</b>				
<b>Approval Signature</b>			<b>Date Signed</b>	

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