|  |
| --- |
| ERASMUS+ PROGRAMME  Project Number: 574010-EPP-1-2016-1-JO-EPPKA2-CBHE-JP |
| **FOODQA - Fostering Academia-Industry Collaboration in Food Safety and Quality** |
| Planning of WP4 – PILOT OF IMPLEMENTATION OF FOOD SAFETY AND QUALITY MANAGEMENT SYSTEMS – Pilot Studies no. 5 and no. 6 |
| C:\Users\Dr\Downloads\FoodQA\th.jpg |
| Agricultural University of Athens |
| September 2018 |

**SELF ASSESSMENT QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| COMPANY INFORMATION | | |
| NAME: |  | |
| ADDRESS: |  | |
| PHONE NUMBER |  | |
| CONTACT PERSON’S INFORMATION: | NAME: | |
| JOB DESCRIPTION: | |
| E MAIL ADDRESS: | |
| COMPANY’S ACTIVITIES: | | Production □ Commercial/Services □ |
| SHORT DESCRIPTION OF ACTIVITIES: | |  |
| COMPANY’S ORGANIZATION CHART: | | (Please send a copy) |
| NUMBER OF EMPLOYEES: | |  |
| NUMBER OF SHIFTS: | |  |
| PRODUCT CATEGORIES/SPECIFICATION: | | (Please send products’ technical specifications) |
| PLEASE SELECT STANDARD: | | ISO22000 □ BRC □ IFS □ HACCP □ ISO9001 □  (Please attach Letter of Commitment with selected Standard) |

|  |  |  |  |
| --- | --- | --- | --- |
| QUESTION | YES | NO | COMMENTS |
| Are you already certified with an international quality assurance standard ? | □ | □ | (If yes please attach the certificate) |
| Is there a site’s plan / map available? | □ | □ | (If yes please attach the plan/map) |
| Does the company implement a food safety plan based on Codex Alimentarius HACCP principles? | □ | □ | (If yes please send HACCP plan) |
| Does the company establish and maintain environmental and operational programmes necessary to create an environment suitable to produce safe and legal food products (prerequisite programmes) such as: | □ | □ |  |
| -Cleaning and housekeeping programs? | □ | □ | (If yes please send documentation) |
| -Waste management? | □ | □ | (If yes please send documentation) |
| -Pest control? | □ | □ | (If yes please send documentation) |
| -Maintenance of facilities/equipment? | □ | □ | (If yes please send documentation) |
| -Glass/foreign body’s policy? | □ | □ | (If yes please send documentation) |
| Flow diagrams from raw material receipt through to processing, storage and distribution are available? | □ | □ | (If yes please send documentation) |
| Is there a standard procedure that describes the assessment and selection of your suppliers / subcontractors? | □ | □ | (If yes please send documentation) |
| Do you inspect the incoming raw material? If yes, what kind of tests (chemical, microbiological, etc) do you implement on the raw material, and how often? | □ | □ | (If yes please send sampling plan) |
| Are there written procedures or instructions about the production and the CCP’s monitoring? | □ | □ | (If yes please send documentation) |
| Do you inspect your finished products? If yes, what kind of tests (chemical, microbiological, etc) do you implement on the finished products, and how often? | □ | □ | (If yes please send sampling plan) |
| Do you implement corrective actions for handling nonconforming materials/products/activities in order to avoid having the same problem in the future? | □ | □ | (If yes please send some recent examples) |
| Is the HACCP plan reviewed and how often? Is there a HACCP team? | □ | □ | (If yes please send results of most recent review and composition of HACCP team) |
| Internal audits are implemented and how often? | □ | □ | (If yes please send results of most recent internal audit) |
| Do you have a traceability system in order to recall products in case this is necessary? | □ | □ | (If yes please make a short description) |
| Is there a product recall procedure? | □ | □ | (If yes please send documentation) |
| Do you maintain records with customer complaints? | □ | □ | (If yes please send some recent examples) |
| Is there a Personnel hygiene training program? | □ | □ | (If yes please send documentation) |
| Is there a medical screening policy? | □ | □ | (If yes please send documentation) |
| Protective clothing/equipment of personnel and visitors? | □ | □ | (Please specify) |

|  |
| --- |
| COMMENTS-ADDITIONAL INFORMATION |
|  |

Date: Name/Signature: