SQF Pre-Application Questionnaire Checklist

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

Name of Facility/Site:

Address of Facility/Site:

Quality/FS/ SQF Practitioner:

No.	QUESTIONS	YES	NO	N/A	COMMENTS
1.	Has the site identified its core business?	☐	☐	☐	
2.	Have you already defined the scope of the certification you are applying for? **(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).**	☐	☐	☐	
3.	Does the site have a documented and robust pre-requisite/GMP programme?	☐	☐	☐	
4.	Do you have a documented HACCP Plan for each product category?	☐	☐	☐	
5.	Are the following in place? ☐ Document Control ☐ Records Control ☐ Control of Nonconforming Product ☐ Internal audit ☐ Management Review ☐ Corrective action ☐ Preventive action	☐	☐	☐	
6.	Does the site/facility have evidence of at least three months implementation records of your FS system?	☐	☐	☐	
7.	Has the site formulated and established food safety policies and objectives?	☐	☐	☐	
8.	Is there an appointed Quality/Food Safety/ SQF Practitioner in place?	☐	☐	☐	

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

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				
Reviewed	☐ Approved	☐ Approved with Conditions	☐ Rejected	☐ More Info needed
Date				
Explanation of Decision				
Conditions				
Approval Signature			**Date Signed**	