

# **BRCGS Packaging Materials Application form**

Select audit type:	Choose an item.
Select audit programme:	Choose an item.

Address information (certificate holder/primary site)  Company name  Address  Post/Zip code  City  County / State / Province  Country  Additional addresses to be included in audit  Additional site 1  Process / Purpose  Additional site 2  Process / Purpose  Contact Information  Name	te Details		
Address  Post/Zip code  City  County / State / Province  Country  Additional addresses to be included in audit  Additional site 1  Process / Purpose  Additional site 2  Process / Purpose  Contact Information  Name	ddress information (certificate holder	primary site)	
Post/Zip code City County / State / Province Country  Additional addresses to be included in audit Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	Company name		
City County / State / Province Country  Additional addresses to be included in audit Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	Address		
Country  Additional addresses to be included in audit Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	Post/Zip code		
Additional addresses to be included in audit Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	City		
Additional addresses to be included in audit  Additional site 1  Process / Purpose  Additional site 2  Process / Purpose  Contact Information  Name	County / State / Province		
Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	Country		
Additional site 1 Process / Purpose Additional site 2 Process / Purpose  Contact Information Name	additional addresses to be included in	audit	
Additional site 2 Process / Purpose  Contact Information Name		- Court	
Additional site 2 Process / Purpose  Contact Information Name	Process / Purpose		
Contact Information Name	· · · · · · · · · · · · · · · · · · ·		
Contact Information Name	Process / Purpose		
Name	anto at Information		
Position in Company	Position in Company		
Telephone Number	• •		
Mobile Number	·		
E-mail	E-mail		
Accounts Contact			
Name	Name		
Position in Company	Position in Company		
Telephone Number	Telephone Number		
Mobile Number	Mobile Number		
E-mail	E-mail		
VAT Number	VAT Number		
Company Reg Number	Company Reg Number		
If consultant used for BRCGS certification:	consultant used for BRCGS certificati	on:	
Consultancy company:			
Consultant name:			
I hereby given permission for Consultant to be copied on all	I hereby given permission for Consultan	to be copied on all	
correspondence relating to certification process.  Choose an item.		•	Choose an item.
Site Details - Primary Site  Size of manufacturing facilities  The companies for the manufacturing facilities	-	<b>T</b> 1	
Size of manufacturing facilities (in square metres)  The conversion from square feet to metres is 10.76 (e. 86,000 square feet equals 8,000 square metres)	_		· · · · · · · · · · · · · · · · · · ·



Size of storage facilities		
(in square metres)		
Maximum number of staff expected	As full-ti	me equivalent manufacturing and warehousing
on a main shift (e.g. day).	employe	es per main shift, including seasonal workers.
Number of HARA Studies	A HARA (	(hazard analysis and risk assessment) plan
	correspo	onds to a family of products with similar hazards
	and simi	lar manufacturing technology.
Number of High-risk areas		
Number of High-care areas		
Number of Ambient High-care areas		
Traded Products / Wholesale:		
Does site trade/wholesale products?		Choose an item.
Do you require traded/wholesale goods	s to be included in	Choose an item.
the scope of the audit?		
Additional Voluntary Modules and Add	on Standards	
HAVI GQS / tms		Choose an item.
AVM 10 Plastic Pellet Loss Prevention		Choose an item.

## **Audit Scope**

Scope of Audit:				
Exclusions from Scope:				
Justification for exclusions:				
Does the site manufacture material			Choose an	item.
contact with food or other hygiene s	ensitive p	products?		
Product/Process details:				
Glass manufacturing and forming	Choose	an item.		
Paper making and conversion	Choose	an item.		
Metal forming	Choose	an item.		
Rigid plastics forming	Choose	an item.		
Flexible plastics forming	Choose	an item.		
Print processes	Choose	an item.		
Chemical processes	Choose	an item.		
Other manufacturing	Choose	an item.		
Please provide details:	Choose	an item.		
Outsourced/subcontracted Process	ses			
Is any part of the process carried out third party?	t by a	Choose an	item.	
Please provide details:				
Seasonal Processing				
Is processing/manufacturing seaso	nal?	Choose an	item.	
Seasonal Opening Times - Start Dat	e:			
Seasonal Opening Times - End Date	:			



#### History of certification (if applicable)

BRCGS site code:	
Other GFSI standards site identifiers (e.g. FSSC COID, IFS):	
Indicate the last unannounced audit date	
If switching Certification bodies, who is the current Certification body?	

#### Please answer the following questions:

Does your organisation have a Modern Slavery Policy in place?	Choose an item.
Does your organisation have a Anti Bribery Policy in place?	Choose an item.

#### Form Completed by:

Name:	
Position in Company:	
Date:	

Please complete and return to <a href="mailto:uk.food@kiwa.com">uk.food@kiwa.com</a> so a quote can be prepared. The BRCGS Scheme requires an annual BRCGS Service Package fee which will be advised on quotation. BRCGS audit reports and subsequent certification decisions are reported to the BRCGS and UKAS. BRCGS may contact clients direct for feedback on Certification Body performance or investigation into reported issues. It is a requirement that any legal proceedings, product recall, damage to site that affects production or change of ownership are notified to us within 3 working days.

For your information, Kiwa Agri Food Auditors work to a Code of Conduct. Please contact Kiwa Agri Food office should you wish to obtain a copy of this.

### Kiwa Agri Food Office Use Only:

Duration of main BRCGS audit (hours) according to BRCGS calculator:	
Duration of AVM/any additional audit (hours):	
Total of above:	
Duration allocated (hours):	
Justification for any difference from audit duration calculator:	
Audit Categories:	
Database updated with correct audit duration and auditor advised:	
Completed by:	



Date: