**Service Request Form**

Please complete all sections in detail. Information will be used to assess your certification needs and prepare a customized proposal for your review. Incomplete forms may be returned and could delay processing.

**Select Program:**

SQF (Complete Appendix A)  ISF/SF & FAMI-QS (Complete Appendix B)

Pet Food Manufacturing (PFMFCP)  Pet Food Ingredient (PFICP)

Safe Feed/Safe Food (SF/SF)  Other Audit \_\_\_\_\_\_\_\_\_\_\_

**Select Audit Type (all that apply):**

Initial Audit  Re-Certification  Surveillance  Pre-Assessment

## Company Information:

|  |  |  |
| --- | --- | --- |
| \*Company Name (Full legal Name)†: Click here to enter text. | | |
| Parent Company Click here to enter text. | | |
| \*Address Click here to enter text. | | |
| \*City Click here to enter text. | \*State/Provence Click here to enter text. | \*Zip Code Click here to enter text. |
| \*Name Click here to enter text. | Title Click here to enter text. | |
| \*E-Mail Address Click here to enter text. | | |
| \*Telephone Number Click here to enter text. | Mobile Number Click here to enter text. | |
| \*Fax Number Click here to enter text. | Mobile Number Click here to enter text. | |
| Emergency Contact Click here to enter text. | Emergency Telephone Number Click here to enter text. | |
| Sole Proprietor  Partnership | Corporation – State Click here to enter text. | |

## Facility to Be Audited Information: Same as Above

|  |  |  |
| --- | --- | --- |
| \*Facility Name Click here to enter text. | | |
| \*Address Click here to enter text. | | |
| \*City Click here to enter text. | \*State/ProvenceClick here to enter text. | \*Zip Code Click here to enter text. |
| \*Name Click here to enter text. | Title Click here to enter text. | |
| \*E-Mail Address Click here to enter text. | | |
| \*Telephone Number Click here to enter text. | Mobile Number Click here to enter text. | |
| Off-site Operations to be Audited?  Yes  No If yes, list address: | | |

**Invoicing Information:  Same as Above**

|  |  |  |
| --- | --- | --- |
| Billing Address Click here to enter text. | | |
| City Click here to enter text. | State/Provence Click here to enter text. | Zip Code Click here to enter text. |
| AP Contact Name Click here to enter text. | AP E-Mail Address Click here to enter text. | |
| AP Telephone Number Click here to enter text. | D&B Number Click here to enter text. | |
| Payment will be made via:  ACH  Check  Credit Card  Wire Transfer | | |

## List All Products to be included in the scope

|  |  |  |
| --- | --- | --- |
| **Products** | **Scope** | **Retailers** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Requested Audit Dates: Click here to enter text.

## Facility and Operational Information:

|  |  |
| --- | --- |
| \*Facility Size: Click here to enter text. sq. ft. | \*Production Area Click here to enter text. sq. ft. |
| Cold Storage Click here to enter text. sq. ft. | Dry Storage Click here to enter text. sq. ft. |
| Days & Hours of Operation Click here to enter text. | \*Number of Buildings Click here to enter text. |
| \*Number of Production Lines Click here to enter text. | \*Number of Production Shifts Click here to enter text. |
| \*Number of Full Time Employees Click here to enter text. | Number of Casual Employees Click here to enter text. |
| \*Sanitation Shift?  Yes  No | Number of Hours Click here to enter text. |
| Subcontracted?  Yes  No | Name of Company Click here to enter text. |
| \*Facility Gluten Free?  Yes  No | On Site Lab?  Yes  No |
| \*HACCP  Yes  No How Many Plan(s)? Click here to enter text. | \*Food Safety Plan?  Yes  No |
|  |  |
| \*Regulated by (all that apply)  USDA  FDA | USDA Establishment Number Click here to enter text. |
| FDA Registration Number Click here to enter text. | Affirm FDA Registration: Yes, we are registered |
| \*Does facility comply with Bioterrorism Act?  Yes  No | |
|  | |
| Export to (List Countries/Regions) Click here to enter text. | |
| Import from (List Countries/Regions) Click here to enter text. | |

**\*Certification History (if applicable):**

|  |  |
| --- | --- |
| Are you currently certified to any Standards?  Yes  No If yes, please complete the following: | |
| Name of Standard(s) Click here to enter text. | Certificate Number Click here to enter text. |
| Name of Certification Body Click here to enter text. | Valid through Click here to enter text. |
| Have you ever had Certification  Withdrawn  Suspended  Revoked If yes, please provide reason. | |
| Have you ever requested Certification that was not granted?  Yes  No If yes, please provide reason. | |
| Reason: Click here to enter text. | |
| Name of Standard(s) Click here to enter text. Name of Certification Body Click here to enter text. | |
| Has any Industry, Local, State, or Federal regulatory agency filed charges, assessed fines or taken action against this business entity, partners in ownership, or any facility under the same ownership?  Yes  NoIf yes, please provide details: Click here to enter text. | |

\*Required Fields

†Appear on Certificate

**Appendix A: Complete for SQF Certification**

**\*Select SQF Ed. 7 Level**

**Level 1  Level 2 ‡  Level 3 ‡**

## List Products to be included under scope Listed above

|  |  |  |
| --- | --- | --- |
| **\*Products** | **\*Food Sector Category(s)** | **Retailers** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Describe your organization’s primary process(es): please check all boxes that apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Raw  Fully Cooked  Further Processed  Canning  Pasteurize*** | | | | |
| **Meat & Poultry**  On Farm  Slaughter  Processor  Ready to Eat  Seafood  Pizza  Eggs | **Raw/Agriculture**  On Farm  Packing House  Processor  Cereal Grains  Leafy Greens  Seeds/Sprouts  Feeds | **Processed Foods**  Food/Ingredients  Ready to Eat  Beverages/Water/Ice  Dairy/Juice  Bakery/Snacks  Honey  Oils/Fats/Spreads | **Storage/Distribution**  Food Wholesale  Food Broker  Cold Storage  Transport  **Retail Operations**  Restaurant  Food Retail | **Other**  Pet Food  Packaging  Dietary  Supplements |

## \*SQF Trained Practitioners on staff:

|  |
| --- |
| Name Click here to enter text. |
| Position Click here to enter text. |
| Registration Number Click here to enter text. |

**Brief Description of Manufacturing Process and Facility**

|  |
| --- |
| Click here to enter text. |

‡ GFSI recognized.

**Appendix B: Complete for ISF/SF & FAMI-QS Certification**

The International Safe Feed/Safe Food (ISF/SF) is an equivalent program with FAMI-QS. In accordance with ISFSF/FAMI-QS equivalency program, applicants will be an associate member of FAMI-QS Asbl.

**\*Complete the following table for scope evaluation**

|  |  |  |
| --- | --- | --- |
| **Active Substance** | **Category** (according to the scope description) | **Functionality** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

The ISF/SF & FAMI-QS scope can be found at [www.fami-qs.org/scope](http://www.fami-qs.org/scope).

**\*Additional Facility Information**

|  |
| --- |
| \*Number of Assured Sources Click here to enter text. |
| \*Number of Non - Assured Sources Click here to enter text. |
| \*Number of Manufacturing Process Click here to enter text. |
| \*Traded Products?  Yes  No If yes, how many(s) Click here to enter text. |
| \*Relevant Certified Systems?  Yes  No If yes, Name of Standard(s) Click here to enter text. |
| \*Subcontractor/Toll Manufacturer certified as FAMI-QS or by mutual recognized standard?  Yes  No  N/A |

Information about Assured sources can be found in the [Rules for Operators](http://www.fami-qs.org/famiqs/sites/default/files/files/rules/Rules%20for%20operators%20V6.pdf) Section 4.

**Brief Description of Manufacturing Process and Facility**

|  |
| --- |
| Click here to enter text. |

Submit with application the following documents:

1. FAMI-QS Approval Letter
2. List of Products under FAMI-QS Scope
3. List of Assured and Non-Assured sources/traded products