**APPLICATION GUIDELINE**

**STANDARDS CONSULTANCY PROGRAM**

**\*PLEASE READ CAREFULLY\***

1. **GENERAL ELIGIBILITY CRITERIA:**
* Must be a Brunei-based and Brunei-registered company.
* Must have an office/factory or separate kitchen/facility with marketable products/services.
* Must have adequate and committed team to run this certification project on top of the daily operations. The team must also have strong knowledge of all aspects of the company’s products/services. The team must have a mix of both management and operational staff.
* Must have commitment from top management to run this certification project.
* Must be ready to begin certification project **by April 2023, and be prepared to undergo the programme for the entire duration of 9-12 months (depending on the certification).**
* Must be prepared and willing to bear the separate cost of audit and certification.
1. **FORM OF ASSISTANCE:**

Under Batch 10 of this Program, the successfully selected companies in Brunei will receive subsidized training and consultancy services from a DARe-appointed consultant towards certification for: ISO 9001 / ISO 45001 / ISO 14001 / HACCP / ISO 22000 / GMP.

***Important note:*** *The level of subsidy for training and consultancy will be subject to meeting DARe's requirements.*

1. **SELECTION PROCESS:**
* There are 2 stages of assessment:
	+ Stage 1: Review of application form
	+ Stage 2: Interview with applicant’s top management and/or site visit
* Companies shortlisted after Stage 1 will be notified regarding the Stage 2 assessment date within 2-3 weeks after the closing date of application submissions.
* Only successful companies after Stage 2 will be required to sign a contract with DARe before certification project can begin.
* Target start of project: **April 2023**
1. **GUIDE AND INSTRUCTIONS:**
* To expedite your application, please provide the information requested as completely as possible. If the space provided is insufficient, a separate sheet may be used. Where information is not yet available or not applicable, please indicate accordingly.
* Upon completion of this application, you are required to submit all documents required in this form. Any supporting documents or information to be provided under appendices as a separator for each section required.
* Submission form checklist:

|  |  |
| --- | --- |
|  | Completed application form |

|  |  |
| --- | --- |
|  | Copies of the identity cards of applicants |

|  |  |
| --- | --- |
|  | Business registration documents (Form 16/17, Form X) |

|  |  |
| --- | --- |
|  | A site layout of the premises included in the scope of certification |

|  |  |
| --- | --- |
|  | Basic process flow from customer’s order to delivery of products/services |

|  |  |
| --- | --- |
|  | Organization chart of all the departments/processes and key personnel in company |

|  |  |
| --- | --- |
|  | Soft copy of all the documents above |

**- ALL INFORMATION PROVIDED WILL BE HELD IN THE STRICTEST CONFIDENCE –**

**Completed application form must be submitted either through: i. the online form or ii. softcopy to** **market.access@dare.gov.bn** **no later than Friday, 17th February 2023 at 4PM.**

**An online version of this form is also available at:** https://www.research.net/r/SCP\_B10

**APPLICATION FORM**

**STANDARDS CONSULTANCY PROGRAM**

|  |  |
| --- | --- |
| **SECTION A:** | **GENERAL** |
| **Where did you hear about this program from?** | * DARe Instagram
* DARe Email
 | * BizBrunei
* Others (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Which certification are you pursuing through this program?** | * ISO 9001 (Quality Management System)
* ISO 45001 (Occupational Health and Safety Management System)
* ISO 14001 (Environmental Management System)
* HACCP (Food Safety System)
* ISO 22000 (Food Safety Management System)
* GMP (Good Manufacturing Practices)
 |
| **What other certifications do you intend to pursue in addition to the above?** |  |
| **What is your objective of getting this certification?** |  |
| **SECTION B:** | **COMPANY DETAILS** |
| **Company Name** |  | **Business Registration No.** |  |
| **Business Address** |  | **Number of Employees** | **Local:** |
| **Non-Local:** |
| **Address of Operational/****Production Site** *(to fill if applicable and if different from above address)* |  |
| **Company Key Executive / Owner** *(as stated in Business Registration)* | **Name** | **Designation** | **Nationality** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Brief Company Profile** |  |
| **SECTION C:** | **COMPANY FINANCIAL DETAILS** |
| **Year** | **Sales (B$)** | **Net Profit (B$)** |
| **Current Year -1** **(Last Year)** |  |  |
| **Current Year, as of July 2021** |  |  |
| **Current Year +1** **(Next Year)** |  |  |
| **SECTION D:** | **COMPANY PRODUCT/SERVICE DETAILS** |
| **What are your main products/services?** | *Describe the products or services in as many details as possible.**Describe the expected use(s) of the products or services by your customer and the target customer group.**Include the name of your key customers (if it is not confidential).**Describe any associated services that you provide (e.g. distribution of products, after sales service etc.).* |
| **Labelling** *(to tick where applicable)* | **Mandatory** | * Brand Name and Brand Logo
* Product Name
* Expiry Date
	+ On Packaging
	+ On Sticker
* Barcode
	+ GS1 *(62/67…)*
 | * Content *(Weight and Volume)*
* Ingredients
* Nutrition Facts
* Country of Origin
 | * Information on the Manufacturer/Importer
* Storage Instructions and Shelf Life
* HSSE Indication *(Warning Attention: Allergies, Hazardous)*
 |
| **Voluntary** | * Manufacturing Date
* Product/Usage Instruction
 | * Price
* Picture/Illustration of Product
 |
| * Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Current company certification(s)** *(to tick where applicable)* | * GMP
* Healthier Choice
 | * HACCP
* Halal
 | * ISO \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **What are main raw materials used – if yours is a production facility?** |  |
| **Please provide basic process flow for realization of products/services** | *Describe here how the products or services are realized within your organization. If a separate flow chart is attached, this section need not be completed. The description must include the flow of activities from customer’s order (e.g. Purchase Order, Contract, etc.) to final product/services.* |
| **Where is your current product/service realisation activity performed?** | * Home-Based
* Central Kitchen
* Office-Based
 | * Factory
* Retail Store
* Offshore Facility
 |
| * Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Production capacity (per month) – if yours is a production facility** |  |
| **Percentage of utilization of maximum capacity** |  |
| **Do you outsource any activity? If YES, please provide details** | *Outsourcing includes those activities for which you engage an external service provider who either provides the services at your premises or an outside facility.*  |
| **SECTION E:** | **EXPORT-READINESS** |
| **How are you currently selling/distributing your products/services?** | * Store/Home Pick-Up
* Delivery
* Courier
 | * E-Commerce Website
* Retail Store
* Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Through which channels are you currently marketing your products?** | * Website
* Social Media (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Are you currently exporting?** | * Yes – where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No – interested to export?
	+ Yes
	+ No
 |
| **Where are your next target countries to export to, and why?** |  |
| **Who are your competitors (both in Brunei and in target countries)?** |  |
| **What is your company’s ‘Unique Selling Point’?** |  |
| **What are your current plans in making your products/services export-ready?** |  |
| **What are your current challenges in exporting your products/services?** | * + High cost:
	+ Lack of financial capacity/capital
	+ Limited/low production capacity
	+ Logistics/shipment costs
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Border control / import and export regulations issues:
	+ Difficulty of getting import permit from target country
	+ Cost of import taxes
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Market disadvantage:
	+ Market competition / competitive pricing
	+ Lack of market information
	+ Lack of certification required by target country (e.g. ISO 9001, ISO 45001)
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other challenges (specify and elaborate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Export-Readiness Questionnaire** (*Please tick where applicable)* | * You currently have a well-established domestic market.
* You have sufficient personnel, resources, finances and a thorough business plan to meet increased demand.
* Your product/service can be modified to meet the needs of foreign markets and customers.
* You have researched competing foreign products/services and remain competitive in terms of price and quality.
* You have determined any tariffs or duties for your product in each target market.
* Transportation costs, packaging, labeling, and pricing have been factored into the feasibility of exporting your product/service.
* You and your business partner are equally committed to exporting.
* You have established some business leads/connections in your target market.
* There is a strong demand for your product/service in your target market.
 |
| **SECTION F:** | **STANDARDS-READINESS** |
| **What are your current challenges in getting international certification for your products/services?** | * High cost:
	+ Lack of financial capacity/capital for:
		- Hiring of consultant
		- Renovation of premise
		- Training of staff
		- Cost of audit
	+ Has financial capacity but does see value in certification
	+ Has financial capacity and sees value in certification but not a priority
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lack of other resources:
	+ Time to commit to implement a system within timeline given
	+ Staff/expertise dedicated to implement the system
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Inadequate production premise:
	+ Fear over idea of having to make significant renovations
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Inadequate knowledge/comprehension on standards:
	+ Contents are too technical
	+ Uncertainty over requirements
	+ Uncertainty over context of standards
	+ Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Skepticism due to past experience:
	+ Reluctance over lack of guarantee of getting certification even after incurring large costs of compliance and implementing system
	+ Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other challenges (specify and elaborate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Standards-Readiness Questionnaire** *(Please tick where applicable)* | * You have strong commitment to invest your company’s resources (including time, financials and manpower) to ensure compliance and proper implementation for ISO 9001 / ISO 45001 / ISO 14001 / HACCP / ISO 22000 / GMP system(s).
* There will be commitment and active involvement from top management in the implementation of the system.
* There will be a strong and committed team (made up of staff from various departments within the company) dedicated to implementing and maintaining the system.
* The company has the financial capacity to bear the cost of (1) audit by the Certification Body, (2) renovation works (if needed) and (3) other resources (if needed) to implement the system.
 |
| **SECTION G:** | **COMPANY PERSONNEL DETAILS** |
|  |  | **Focal Person 1** | **Focal Person 2** |
| **Focal Person** *(This will be the person DARe will communicate with following this application)* | **Name** |  |  |
| **Phone No.** |  |  |
| **Email** |  |  |
| **Designation** |  |  |
| **Department** |  |  |
| **Details of Company Personnel Involved in Project** | **Senior Management** | **Project Team** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **No.** | **Names** | **Designation** |
| **1** | **(Team Leader)** |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **SECTION H:** | **SELF-ASSESSMENT QUESTIONNAIRE** |
| **Instruction:**1. **Please complete the self-assessment questionnaire in the following pages depending upon the certification(s) that you are applying for.**
2. **If your organization is applying for more than one certification, please ensure that you have completed all the questionnaires relevant to the standards that you are applying for, prior to the submission of the application to DARe.**
3. **All the questions shall be answered and shall consider the current situation in your organization.**
4. **You may insert a tick mark in the applicable cell.**

**Useful definitions/explanation to complete the self-assessment questionnaires:**1. **What does *“Currently in Place – Yes”* mean?**

The organization has the process/system in place currently. 1. **What does *“Currently in Place – No”* mean?**

The organization does not have the process/system in place currently. 1. **What does *“Compliance – Not Defined”* mean?**

The process/system is not defined (e.g. the process/system is not defined formally in the form of a procedure, guideline, process map, written instruction or any of such document which explains that process/system). ***Note (a):*** *Any question that is answered as “Currently in place – No”, must be by default answered as “Compliance – Not defined” because if it is not currently in place, then obviously, it is also not defined.* ***Note (b):*** *Any question that is answered as “Currently in place – Yes”, may still be answered as “Compliance – Not defined” because something may be practiced but may not be formalized and documented. It may be practiced because someone asked to do so!*1. **What does *“Compliance – Defined”* mean?**

The process/system is defined clearly (e.g. a procedure, guideline, process map, written instruction or any of such document exists which explains that process/system). 1. **What does *“Compliance – Defined & Implemented”* mean?**

The process/system is not only defined clearly (e.g. a procedure, guideline, process map, written instruction or any of such document exists which explains that process/system), but it is also implemented in the day-to-day operations of the organization.***Note (c):*** *An organization having a document explaining the process/system related to a question, but not put in practice consistently must be considered only as “Compliance – Defined” (because it is not implemented consistently).*1. **What does *“Compliance – Defined, Implemented & Effective”* mean?**

The process/system is not only defined clearly and implemented, it is also considered to be working effectively for the organization (a process/system is considered effective when it produces the desired results for the organization).***Note (d):*** *On most occasions, organizations do have processes and systems in place, but there is no evaluation of whether or not such processes and systems are producing the desired results for the organization. For example, if a customer-complaint-handling procedure exists in a document form and is also practiced, but the organization keeps receiving recurring complaints of similar nature – then this is a sign of the process/system being “Defined and Implemented”, but not “Effective”.* |

**ISO 9001 SELF ASSESSMENT QUESTIONNAIRE** *(to tick where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Currently in Place** | **Compliance** |
| **Yes** | **No** | **Not Defined** | **Defined** | **Defined & Implemented** | **Defined, Implemented & Effective** |
| **1** | Do you have any Quality Management System practices in your organization? |  |  |  |  |  |  |
| **2** | Have you documented such practices? (e.g. manuals, procedures etc.) |  |  |  |  |  |  |
| **3** | Do you have a system to store and retain records of your activities?  |  |  |  |  |  |  |
| **4** | Do you have a system to develop and manage short term/long term strategic business plans? |  |  |  |  |  |  |
| **5** | Do you have a systematic process for business and process risk analysis?  |  |  |  |  |  |  |
| **6** | Do you have any business contingency plans? |  |  |  |  |  |  |
| **7** | Do you have a process to establish and monitor performance indicators (KPIs)? |  |  |  |  |  |  |
| **8** | Do you have a process by which the Top Management (e.g. MD, Director etc.) participates in performance reviews? |  |  |  |  |  |  |
| **9** | Do you have a process to evaluate the adequacy of resources & competencies? |  |  |  |  |  |  |
| **10** | Do you have a process to handle customer complaints? |  |  |  |  |  |  |
| **11** | Do you have a process to obtain and evaluate feedback from customers (e.g. customer satisfaction survey)? |  |  |  |  |  |  |
| **12** | Do you have a process to determine and comply with regulations applicable to your organization? |  |  |  |  |  |  |

**ISO 45001 SELF ASSESSMENT QUESTIONNAIRE** *(to tick where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Currently in Place** | **Compliance** |
| **Yes** | **No** | **Not Defined** | **Defined** | **Defined & Implemented** | **Defined, Implemented & Effective** |
| **1** | Do you have any Occupational Health and Safety Management System (OHSMS) practices in your organization? |  |  |  |  |  |  |
| **2** | Have you documented such practices (e.g. manuals, procedures etc.)? |  |  |  |  |  |  |
| **3** | Do you have a system to store and retain records of your OHSMS activities?  |  |  |  |  |  |  |
| **4** | Do you have a system to develop and monitor OHSMS goals and targets? |  |  |  |  |  |  |
| **5** | Do you have a systematic process to assess Health and Safety (H&S) hazards and risks?  |  |  |  |  |  |  |
| **6** | Do you have an H&S emergency response plan? |  |  |  |  |  |  |
| **7** | Do you have a process by which the Top Management (e.g. MD, Director etc.) participates in H&S performance reviews? |  |  |  |  |  |  |
| **8** | Do you have a process to establish and manage H&S Committees or other consultation arrangements with employees?  |  |  |  |  |  |  |
| **9** | Do you have a process to handle incidents (accidents, near misses etc.)? |  |  |  |  |  |  |
| **10** | Do you have a process to determine and comply with H&S regulations applicable to your organization? |  |  |  |  |  |  |
| **11** | Please provide a list of regulations or other stakeholder requirements (e.g. BSP requirements) related to Health and Safety that applies to you. |  |
| **12** | Was there any incident of your organization being penalized by authorities for noncompliance to regulations? If yes, please provide details.  |  |
| **13** | To the best of your knowledge, can you confirm that your organization complies with all applicable H&S regulations at the time of this application? |  |

**ISO 14001 SELF ASSESSMENT QUESTIONNAIRE** *(to tick where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Currently in Place** | **Compliance** |
| **Yes** | **No** | **Not Defined** | **Defined** | **Defined & Implemented** | **Defined, Implemented & Effective** |
| **1** | Do you have any Environmental Management System (EMS) practices in your organization? |  |  |  |  |  |  |
| **2** | Have you documented such practices (e.g. manuals, procedures etc.)? |  |  |  |  |  |  |
| **3** | Do you have a system to store and retain records of your EMS activities?  |  |  |  |  |  |  |
| **4** | Do you have a system to develop and monitor Environmental goals and targets (e.g. energy conservation, waste reduction)? |  |  |  |  |  |  |
| **5** | Do you have a systematic process to assess environmental impact of the activities that you do?  |  |  |  |  |  |  |
| **6** | Do you have an environmental emergency response plan? |  |  |  |  |  |  |
| **7** | Do you have a process by which the Top Management participates in environmental performance reviews? |  |  |  |  |  |  |
| **8** | Do you have a process to handle environmental incidents (e.g. spillage, leakage, abnormal emissions etc.)? |  |  |  |  |  |  |
| **9** | Do you have a process to determine and comply with environmental regulations / other guidelines (e.g. customer requirements like BSP, Total etc) applicable to your organization? |  |  |  |  |  |  |
| **10** | Please provide a list of regulations or other stakeholder requirements (e.g. BSP requirements) related to environmental management that applies to your organization |  |
| **11** | Was there any environmental incident in your organization leading to penalty by authorities for noncompliance to regulations? If yes, please provide details.  |  |
| **12** | To the best of your knowledge, can you confirm that your organization complies with all applicable environmental regulations and/or guidelines at the time of this application? |  |

**ISO 22000 / HACCP SELF ASSESSMENT QUESTIONNAIRE** *(to tick where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Currently in Place** | **Compliance** |
| **Yes** | **No** | **Not Defined** | **Defined** | **Defined & Implemented** | **Defined, Implemented & Effective** |
| **1** | Do you have Good Manufacturing Practices (GMP) system in your organization? |  |  |  |  |  |  |
| **2** | Do you develop the following requirements?1. Management Plan;
2. HACCP Plan;
3. Standards or Procedures
 |  |  |  |  |  |  |
| **3** | Do you have a system to develop and monitor Food Safety targets? |  |  |  |  |  |  |
| **4** | Do you have a process to determine your compliance with local/export country food regulations?  |  |  |  |  |  |  |
| **5** | Do you have a system to ensure product flow and movement (relating to people, materials, rework and waste) from receiving to dispatch does not pose a contamination risk to product? |  |  |  |  |  |  |
| **6** | Do you have a system to monitor schedule of shelf-life testing? |  |  |  |  |  |  |
| **7** | Do you have a system to ensure all instruments used for monitoring food manufacturing processes been calibrated? |  |  |  |  |  |  |
| **8** | Do you have a system to retain relevant documentation in regards to food safety within the organization? |  |  |  |  |  |  |
| **9** | Do you have a system to confirm that products or processes meet regulatory and customer requirements and to ensure quality and food safety parameters? |  |  |  |  |  |  |
| **10** | Do you have a process to assess Food Safety hazards and risks? |  |  |  |  |  |  |
| **11** | Do you have a system that identifies training needs for general staff and have appropriate resources been allocated?  |  |  |  |  |  |  |
| **12** | Do you have a procedure to handle Food Safety incidents/ complaints? |  |  |  |  |  |  |
| **13** | Do you have a documented staff hygiene policy and procedures? |  |  |  |  |  |  |
| **14** | Do you have a procedure that controls or eliminates the likelihood of contamination with wood and or glass within the organization?  |  |  |  |  |  |  |
| **15** | Do you have a system that identifies and includes areas that require cleaning, frequency, chemicals used and person responsible? |  |  |  |  |  |  |
| **16** | Do you have a Pest Management System? |  |  |  |  |  |  |
| **17** | Do you have a procedure for approving suppliers, including a set of criteria for selection and evaluation of suppliers?  |  |  |  |  |  |  |
| **18** | Do you have a procedure detailing how products are identified and traced at all stages of the process including product recall procedures?  |  |  |  |  |  |  |
| **19** | Do you have a documented and implemented Allergen Management Program? |  |  |  |  |  |  |
| **20** | Do you have a procedure for Control of Nonconforming Product? |  |  |  |  |  |  |
| **21** | Do you have a procedure to ensure raw materials, work in progress, finished product and packaging are stored in such a manner that they do not pose a food safety risk to the product? |  |  |  |  |  |  |
| **22** | Do you have a documented preventive maintenance procedure? |  |  |  |  |  |  |
| **23** | Do you have a documented waste management system? |  |  |  |  |  |  |
| **24** | Do you have a procedure for work in progress (WIP), rework and waste? |  |  |  |  |  |  |
| **25** | Do you have a documented risk assessment for raw materials (including primary packaging)?  |  |  |  |  |  |  |
| **26** | Do you have a corrective action procedure? |  |  |  |  |  |  |
| **27** | Do you have a process by which the Top Management (e.g. MD, Director, etc.) participates in Food Safety performance reviews? |  |  |  |  |  |  |
| **28** | Do you have a system to prevent potential acts of sabotage, vandalism or terrorism? |  |  |  |  |  |  |

**GMP SELF ASSESSMENT QUESTIONNAIRE** *(to tick where applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Currently in Place** | **Compliance** |
| **Yes** | **No** | **Not Defined** | **Defined** | **Defined & Implemented** | **Defined, Implemented & Effective** |
| **STORAGE AREA** |
| **1** | Do you have any physically separated storage areas for raw materials? |  |  |  |  |  |  |
| **2** | Do you have a segregated area for rejected materials? |  |  |  |  |  |  |
| **3** | Do you have a proper supervision for your storage facility? |  |  |  |  |  |  |
| **4** | Do you have standard operating instructions and procedures available for handling of starting materials, packaging materials, finished product, sampling, quarantine release/storage etc.? |  |  |  |  |  |  |
| **5** | Do you have a record of incoming goods for receiving document number? |  |  |  |  |  |  |
| **SAMPLING** |
| **6** | Do you perform Quality Control on samplings? |  |  |  |  |  |  |
| **7** | Do you have any sampling plan and procedure? |  |  |  |  |  |  |
| **8** | Do you record information such as sample name and sample quantity? |  |  |  |  |  |  |
| **PEST CONTROL** |
| **9** | Do you have any Pest Control Program in place? |  |  |  |  |  |  |
| **OPERATION** |
| **10** | Do you physically separate and well-equip area to avoid cross-contamination? |  |  |  |  |  |  |
| **11** | Do you have adequate lighting and ventilation? |  |  |  |  |  |  |
| **12** | Do you have your personnel wear appropriate clothing? |  |  |  |  |  |  |
| **13** | Do you have operational procedures in place? |  |  |  |  |  |  |
| **14** | Do you have cleaning & sanitation procedures in place? |  |  |  |  |  |  |
| **15** | Do you properly maintain your equipment and are they easily cleaned? |  |  |  |  |  |  |
| **16** | Do you have any program for calibration of measuring equipment? |  |  |  |  |  |  |
| **17** | Do you use food grade grease on your food contact equipment? |  |  |  |  |  |  |
| **PREMISES** |
| **18** | Do you have your plant constructed and maintained to protect against… |  |
| 1. weather, flood, and ground seepage?
 |  |  |  |  |  |  |
| 1. access and harboring of vermin, rodents, birds, insect, and other animals?
 |  |  |  |  |  |  |
| **19** | Do you have your buildings and facilities properly constructed to facilitate smooth operation and adequate cleaning? |  |  |  |  |  |  |
| **20** | Do you have your floors, walls and ceilings constructed with materials that will facilitate easy cleaning and, if necessary, disinfection? |  |  |  |  |  |  |
| **21** | Do you have your toilets… |  |
| 1. located and open within the production area?
 |  |  |  |  |  |  |
| 1. well-ventilated?
 |  |  |  |  |  |  |
| **22** | Do you have your lighting and ventilation adequately designed and installed? |  |  |  |  |  |  |

**DECLARATION**

**I declare that:**

**To the best of my knowledge, all information stated on this application form and the accompanying documents are accurate, true and complete.**

**I understand that:**

1. **there will be an interview with the company’s top management, and**
2. **if required, a site visit will be conducted if my application is shortlisted in order to assess my company’s readiness.**

|  |  |  |
| --- | --- | --- |
| **Authorized Signatory** |  |  |
|  |  |  |
| **Full Name**  |  |  |
|  |  |  |
| **Designation** |  |  |
|  |  |  |
| **Company (with Company’s Stamp)** |  |  |
|  |  |  |
| **Date** |  |  |