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| **QUESTIONS** | **SITE ANSWER** |
| Name of facility: |  |
| Address of facility: |  |
| Key contact person: |  |
| Email: |  |
| Ref. Number (BRCGS Site code AND AIB Ref No (BRC-FD/SD/PK-xxx (both on certificate): |  |
| Grade/Score and Audit Due Date on Certificate: |  |
| After review of the relevant BRCGS Guidance please indicate which service you require: | [ ]  Certificate Extension [ ]  COVID-19 Additional Module  |
|  |  |
| Is the facility in normal operating conditions at this time? If not, please describe the current situation. |  |
| Is the facility using alternative manufacturing and/or storage facilities at this time? If yes, please describe. |  |
| As per guidance from BRCGS if there are government or company rules that do not allow us to visit your facility then we must have copies of these. In the absence of such policies an onsite audit is expected to happen – see BRCGS072. Excerpt:“The procedure applies to existing certificated sites who are unable to receive a physical audit because:• The site is located in a country or region where government advice/restrictions prevent movement or access to the site• There is a Covid-19 outbreak at the site• The auditor has contracted Covid-19 and the Certification Body is unable to arrange for an alternate auditor to perform the audit..” |
| Is site access prevented by government restrictions on movement? **If yes, please provide the necessary reference (web page etc).** |  |
| Is there a COVID outbreak at the site? **If yes, please provide evidence related to communications with public health authority**. |  |
| Has the facility conducted an impact assessment for COVID-19? **If yes, please provide a copy for review**. |  |
| Does the COVID-19 impact assessment consider internal audits? If yes, please describe. |  |
| Has there been any significant change in your products or processes since the last audit? If yes, please describe |  |
| Please provide your customer complaint metric for 2019 and 2020 year to date: |  |
| Has there been a recall or withdrawal since the last audit? If yes, please describe. |  |
| Are there any legal actions in progress regarding your facility? If yes, please describe. |  |
| If necessary would your facility be willing to cooperate with a BRCGS Risk Assessment using Information Technology (computers, webcams etc.)? |  |

**For AIB International use only:**

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| If applicable, has the government access policy/COVID outbreak/auditor illness been received and accepted as justified? |  |
| Does the facility’s score / grade etc permit the Risk Assessment to take place? |  |
| Is a risk assessment or physical audit justified for this facility? |  |
| If a physical audit is required, can AIBI-CS organize one with no hindrance? |  |
| Is the facility willing to host a risk assessment? |  |
| Are there any limitations to conducting a risk assessment? Describe |  |
| If RA indicate Standard, if VM indicate Field: |  |
| If VM assign auditor: |  |
| Based upon standard owner guidance – describe permitted course/s of action with regard to the assessment: |  |
| Based upon standard owner guidance – describe permitted course/s of action with regard to the certificate: |  |

**Return form to:** **gfsi@aibinternational.com****, remembering to embed or attach the items in BOLD above. Thank you.**

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| Proposed Audit Methodology per BRCGS072, FAM811: |  |
| Application: | [ ]  Accept | [ ]  Reject |
| Name of Reviewer: |   |
| Date: |   |
| Signature of Reviewer: |  |
| *By signature, the Reviewer is approving the audit can be conducted.* |