	National Certification Division	SCU/QR/01
Title:	Preliminary Information for FSMS/HACCP Certification	Page 1 of 6

PRELIMINARY INFORMATION FOR FSMS/HACCP CERTIFICATION

NOTE:

- o The information given in reply to this questionnaire shall be treated confidentially.
- o Supplements may be included where it is necessary to expand any statement.
- o A separate document shall be completed for each site involved.
- o The statements given herein shall relate to the Management System available at the time of completing the form.
- o This questionnaire should be completed in as much detail as possible and returned to RSB.

1. Company Details:

Name of Firm:

1.1 Do you trade under any other trading names? YES NO

If 'YES' give further details:

.....

1.2 Is your organization part of some larger organization? YES NO

If 'YES' give name of holding company.

.....

1.3 Does your firm currently hold any other certifications YES NO

If 'YES' give details:

.....

1.4 Are you currently seeking approval/ certification from other Bodies? YES NO

If 'YES' give details:

.....

1.5 Are you migrating from another - Certification Body?

YES NO

If Yes, please indicate:

Management System.....Expiry date.....

Certification Body (former).....

1.6 Did you seek the assistance of a Consultant during the development of your management system? YES NO

If 'YES' which Consultancy Firm?

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.....
 Give names of the person(s) involved in the consultancy services

1.7 (a) What other Divisions of RSB do you interact with and which services/activities do these departments offer to your organization?

(a) Does your organization operate in shifts? YES NO

If yes, how many?

(b) Kindly indicate in the space below, the activities of each shift and the average number of personnel per shift

(c) Does your organization has seasonal workers? YES NO

If yes, how many?

1.8 Which statutory and regulatory requirements are applicable to your organization?
 Kindly list the sections/subsections

.....

3. HACCP/FSMS system readiness for certification

3.1 Have you developed the necessary HACCP/FSMS system documentation?
 YES NO

If yes, please detail the titles of the documents

.....

3.2 Are the employees in the organization aware of the HACCP/FSMS system?
 YES NO

3.3 What training (if any) have the employees undergone in relation to the HACCP/FSMS system?

.....

3.4 List the HACCP studies and the process lines covered under the scope for which registration/certification is sought.

.....

3.5 Do you have any clients with special needs i.e., groups of users/consumers known to be especially vulnerable to specific food safety hazards? Kindly list them below, if any.

.....

3.6 Have you conducted internal audit? YES NO

If yes when was the last conducted?

3.7 Have you conducted management reviews? YES NO
 If yes when was the last conducted?

.....

3.8 Do you export your products? YES NO

If yes detail destination(s)

3.9 How soon (specify in weeks or months) does your organization wish to be registered?

.....

4. How did you learn about RSB certification services?

Customer Personal Contacts Seminar

Exhibition Recommendation Supplier

Others Please state:


5. Confirmation of validity of information

I hereby confirm that the information given is true to my knowledge and do declare(s) that he/they is/are properly authorized to make this application and to bind the applicant legally

Signed:

Position:

Date:

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Please return this questionnaire to:

The National Certification Division Manager
Rwanda Standards Board
 KK 15 Rd, 49
 P.O. Box 7099 – Kigali
 Tel: 3250 (hotline) or (+250) 788 303 49
 Email: info@rsb.gov.rw, customer@rsb.gov.rw
 Website: www.rsb.gov.rw

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