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**FOOD SAFETY MANAGEMENT SYSTEM QUESTIONNAIRE  
(ISO 22000 / HACCP)**

Please complete this questionnaire and attach any relevant supporting information describing the Company's scope of operation, e.g. Company brochures or publicity material.

1) Company Name .....

Address .....

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Telephone ..... Fax .....

E-Mail .....

Contact .....

Management Representative .....

2) What is the total number of employees:

Directors ..... /

Partners .....

Managers .....

Staff .....

Total

Workforce .....

Trainees .....

Contractors .....

Relationship with larger corporation if any .....

Note: Please advise any shift arrangements .....

(Please attach company organization chart)



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3) The desired scope of the certification and standard seeking certification:

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4) Use of consultancy to set up the management system? YES / NO

If yes, please specify name of the consultant: .....

5) Are there any activities covered by your scope carried out away from the registration address(es), e.g. depots, warehouses, temporary sites or offices, which is covered in the system? YES / NO

If there are, please give a list of permanent/ temporary sites describe activities, address(es) as appropriate and staff numbers.

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6) Please give a list of key processes on site and relevant FSMS legal obligations.

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7) Please give a list of all outsourced processes/activities that affect the management system (if any)

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8) Have you completed a management review? YES / NO

9) Have you completed an Internal Audit? YES / NO

10) Is your FSMS integrated with:

(a) QMS YES / NO

(b) EMS YES / NO

Other .....

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11) Effective implementation date of the FSMS

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12) Please list any attachments, i.e. Policy, Company Brochures, and Manual etc.

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Position in Company .....

Date .....

Signed .....

Print Name .....