Audit checklist Agriculture Breeding Farming (Spotaudit)

Audit details				
Scheme participant				
QS locations audited				
Additional location information, e.g. coordinators or identification number				
Name of contact				
Spotaudit	X			
Random sample audit				
Audit of special purpose				
Parallel audit				
Date of audit (from)			Date of audit (until)	
Start of audit (hh:mm)			Ende of audit (hh:mm)	
Audit duration (hh:mm)				
Combined audit (norm/standard/programme)				
Certification body				
First name/surename of auditor				
Repeated D evaluation/general K.O.		Remark repeated D evaluation/general K.O.		
Comments				
Preliminary audit results			**Number of agreed corrective actions**	

Place, date

Signature/s of auditor/s

I hereby confirm the data concerning the company and the audit.
I have received a copy of the audit report (at least front page) and of the corrective actions report.

Place, date

Signature of person responsible

Company details - Breeder farming

Name of company	
Street and house number	
Postal code and town	
Telephone/fax number	
Email address	
QS location number (VVVO-No.)	
Registered production scope no.	
QS identification number	
Name of person responsible	
Name of coordinator	

Scope - Breeder farming (Number of places = maximum number of places that can be used)

Production scope		Production number	Number of places
Breeder Farming			
	Broiler breeder farming	301	
	Turkey breeder farming	304	

Additional information - Breeder farming

	yes	no
On farm mixer (production of own feed materials and compound feedstuff)		
Use of commercial mobile feed milling and mixing plants		
Transport (own animals, own vehicles)		
Transport less than 50 km		
Transport less than 65 km		
Transport over 65 km		

Require ment no.	Factor	Filter¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
* = For this requirement the evidence or measurement tool used for evaluation of compliance with the QS requirement must be documented, regardless of the outcome of the assessment. # = In case of a nonconformity the corrective action for this criterion has to take place within 28 days (only valid for production and QS-GAP and FIAS!) .
2		**General Requirements**
2.1		**General system requirements**
2.1.1 SPOT	1		**D=K.O.**	General company data					/////	
2.1.2	1			Implementation and documentation of self-assessment *					X	
2.1.3	1			Fulfillment of measures of the self-assessment					X	
2.1.4	1			Incident and crisis management					X	
3		**Requirements for the keeping of breeding poultry**
3.1		**Traceability and labelling**
3.1.1	1			Operational purchases and incoming goods					X	
3.1.2 SPOT	1			Verification of eligibility of delivery *					/////	
3.1.3	1		**D=K.O.**	Marking and identification of livestock					X	
3.1.4	1		**D=K.O.**	Origin and marketing *					X	
3.1.5 SPOT	1		**D=K.O.**	Stock records *					/////	

Require ment no.	Factor	Filter[1]		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.2				**Animal welfare farming**						
3.2.1 SPOT	1		**D=K.O.**	Monitoring and care of livestock *					//////	
3.2.2 SPOT	1		**D=K.O.**	General farming requirements *					//////	
3.2.3 SPOT	1		**D=K.O.**	Handling sick and injured animals *					//////	
3.2.4	1		**D=K.O.**	Shed floor					X	
3.2.5 SPOT	1			Shed climate, temperature, noise, pollution, ventilation						
3.2.6 SPOT	1			Lighting *						
3.2.7 SPOT	1		**D=K.O.**	Space allowences *					//////	
3.2.8	1		**D=K.O.**	Alarm system *					X	
3.2.9	1			Emergency power supply					X	
3.2.10	1			Livestock transport *					X	
3.2.11 SPOT	1			Transportability						
3.2.12	1			Requirements on loading and unloading equipment					X	
3.2.13 SPOT	1		**D=K.O.**	Handling livestock during loading						
3.2.14	1		**D=K.O.**	Proof of competence of the livestock owner					X	
3.3				**Feed and feeding**						

Require ment no.	Factor	Filter¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.3.1 SPOT	1		**D=K.O.**	Feed supply *						
3.3.2 SPOT	1			Hygiene of feeding facilities						
3.3.3 SPOT	1			Storage of feed					///	
3.3.4	1		**D=K.O.**	Feed procurement *					X	
3.3.5	1			Assignment of compound feed deliveries (bulk) to location numbers					X	
3.3.6	1			Feed production (on-farm mixer)					X	
3.3.7	1			Feed production in cooperation					X	
3.3.8	1		**D=K.O.**	Use of mobile feed milling and mixing plants		///			X	
3.4		**Drinking water**								
3.4.1 SPOT	1		**D=K.O.**	Water supply *						
3.4.2 SPOT	1			Hygiene of drinking facilities						
3.5		**Animal health/medication**								
3.5.1	1			Care contract with farm veterinarian					X	
3.5.2	1		**D=K.O.**	Implementation of the stock care*					X	
3.5.3	1		**D=K.O.**	Procurement and application of medicines and vaccines					X	
3.5.4 SPOT	1		**D=K.O.**	Storage of medicines and vaccines						

Require-ment no.	Factor	Filter¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.5.5	1		**D=K.O.**	Identification of treated livestock					X	
3.6		**Hygiene**								
3.6.1 SPOT	1			Buildings and equipment						
3.6.2 SPOT	1			Hygiene on the farm						
3.6.3 SPOT	1			Handling litter, dung and feed leftovers						
3.6.4 SPOT	1			Carcass storage and pick-up					▨	
3.6.5 SPOT	1			Pest monitoring and control					▨	
3.6.6	1			Cleaning and disinfection measures					X	
3.7		**Monitoring programme**								
3.7.1	1		**D=K.O.**	Health surveillance programme					X	
3.7.2	1			Salmonella monitoring: measures towards the reduction of salmonella contamination *					X	
3.7.3	1			Monitoring of diagnostic data from slaughter					X	
3.8		**Livestock transport**								
3.8.1	1			Requirements for the transporting of own livestock with own vehicles					X	
3.8.2	1			Requirements for means of transportation					X	

Require ment no.	Factor	Filter¹		Criterion/ requirement	A	B	C	D/ K.O.	E	Comments/corrective action number
3.8.3	1		**D=K.O.**	Available space during livestock transport					X	
3.8.4	1			Cleaning and disinfection of means of transportation					X	
3.8.5	1			Delivery documents					X	
3.8.6	1		**D=K.O.**	Time intervals for feeding and watering as well as duration of transportation and resting times (for livestock transport over 50 km)					X	
3.8.7	1			Transport papers (for livestock transport over 50 km)					X	
3.8.8	1		**D=K.O.**	Proof of qualification for drivers/carers (for livestock transport over 65 km)		▨	▨		X	

Company _____   **Date** _____

Calculation of audit result

1. Balance of subtotals

Calculation	A	B	C	D	E
(1) Number of evaluations					

Sum of evaluations (excluding E evaluations)	

2. Calculation of the proportion of C and D evaluations*

Proportion of C evaluations		(Number of C evaluations / sum of evaluations)*100
Proportion of D evaluations		(Number of D evaluations / sum of evaluations)*100
Proportion of C and D evaluations		Proportion of C + proportion of D

3. Preliminary audit result

	Percentage of C evaluations	Percentage of D evaluations	Percentage of C+D evaluations	Audit result
	max. 5,0%	0,0%	////////	**QS-Status I***
	max. 10,0%	max. 3,0%	max. 10%	**QS-Status II****
	max. 20%	max. 10%	max. 20%	**QS-Status III**

*Status I: If the 5 % target is exceeded, status I will still be assigned if there is only one C-evaluation.   ****Status II:** If the percentage with regard to the proportion of D evaluations is exceeded, status II is assigned if only one D evaluation exists and no C evaluation

Percentages exceeded	**Audit not passed.**

Number of K.O.	

K.O.	**Audit not passed.**
General K.O./ repeated D evaluation	**Audit not passed.**

Company: **Date:**

<div style="background:#cce0f0">**Corrective actions report**</div>

I hereby confirm that the following corrective actions were agreed upon between me and the auditor.

The certification body is to be informed no later than the expiry of the deadline set out in the action plan about the implementation of a corrective action.
Note: The correction deadline is a maximum of 28 days for all FIAS requirements and the documentation requirements: 2.1.1, 2.1.2, 3.4.1 und 3.9.5 (only valid for production!)

Place, date   Signature/s of auditor/s   Signature of person responsible

Serial no.	Require-ment No.	Evaluation (C, D/K.O.)	Description of nonconformity	Agreed corrective actions	Scope	Deadline for correction
1						

Company: **Date:**

Review of the implementation of corrective actions

Place, date   Signature/s of auditor/s

Serial no.	Implemented	Not implemented	Comments (if any)	Date
1				