



AMARK RATINGS PRIVATE LIMITED  
BHOPAL

**THIRD PARTY AUDIT  
AS PER FSSAI**

## APPLICATION FORM

**COMPANY DETAILS** **NOTE: PLEASE PROVIDE COMPLETE DETAILS FOR ITEMS MARKED \* IN THE QUESTIONNAIRE)**

*Company Name			
Company Address			
Other Address Plant (Work) / Branch/ Site			
FSSAI License no		License Valid Upto	
*Tel no:		Mobile no.:	
*E-Mail:		Website:	
*Name of Contact person		Designation	
*Temporary Project Sites:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Yes, number of temporary project sites under execution and specify the details:			
<b>*LOCATIONS TO BE COVERED UNDER THE SCOPE OF AUDITING</b>			
CORPORATE OFFICE <input type="checkbox"/> / PLANT <input type="checkbox"/> / BRANCH/ SITE <input type="checkbox"/> <i>(Please attach a separate sheet, if required to indicate location of branches and number of personnel in each regional / branch office)</i>			
Scope			
IAF/ Food Code 30/03 Sub category (Schedule-4, Part- II, III & V)			
No. of Food Handlers/ Employees:		Area for Storage: (Size) Warehouse	

**Have the hazards Analysis covers all the activities within the scope and control established?**

No. of HACCP Studies?	
Please Specify: N/A	
How many Production lines? Product Group Production capacity? Food preparation Timings? Servicing Timings? Annual Turnover ?	1- 2- 3- 4- 5-
Please Specify:	



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**Are any of your operations Seasonal?**

Yes  No

Please Specify: FOOD AS PER REQUIREMENT OF SEASONS

**Is there any Externally provided outsourced process that affects Food Safety?**

Transportation

Warehouse/ Storage

Purchase

Waste Management

Pest Control

House keeping

Manpower

Medical Checkup

Laboratory Testing

Others, Specify

**\*Does the Organization utilized consultant service/ Training**  
*\*if yes, indicate the name of consultancy organization/  
Training Agency*

**Please provide the following document**

1. ANALYSIS REPORT OF WATER (CHEMICAL & AMP; BACTERIOLOGICAL) TO BE USED AS INGREDIENT IN FOOD IN FROM A FROM NABL ACCREDITED/FSSA NOTIFIED LABS TO CONFIRM THE POTABILITY INDICATING THE NAME OF AUTHORIZED REPRESENTATIVE OF LAB WHO COLLECTED THE SAMPLE AND DATE OF COLLECTING SAMPLE. ANALYSIS REPORT SHALL NOT BE MORE THAN SIX MONTHS OLD.
2. TRAINING CERTIFICATE OF FOOD SAFETY SUPERVISOR-FOOD BUSINESS OPERATORS UNDER TRAINING PROGRAMMES OF FSSAI.
3. ANNUAL RETURN
4. EDUCATIONAL QUALIFICATION OF TECHNICAL PERSON/FOOD SAFETY SUPERVISOR
5. PROOF OF POSSESSION OF PREMISES. (SALE DEED/ RENT AGREEMENT/ ELECTRICITY BILL, ETC.)
6. PARTNERSHIP DEED/AFFIDAVIT/CERTIFICATE OF INCORPORATION/ARTICLE OF ASSOCIATION/COPY OF CERTIFICATE OBTAINED UNDER COOP ACT – 1861/MULTI STATE COOP ACT – 2002 IN CASE OF COOPERATIVES. (AS APPLICABLE)

**Declaration:** I have read, understood and agree to abide by the standard terms of business "Certification Agreement", which apply to this request.

**\*CLIENT AUTHORIZED REPRESENTATIVE NAME/SIGNATURE:**

**DESIGNATION:**

**DATE:**

**A-MARK RATINGS PVT LTD**

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Email [amarkratings@gmail.com](mailto:amarkratings@gmail.com)

Website- [www.amarkratings.com](http://www.amarkratings.com)



**Part-B**

**Application review (Only for AMR IB application Reviewer)**

AMR Reviewed the application received on dated:

From:

Type of Business:

Scope of Inspection:

Scope of inspection *falls/ not fall*, under the accreditation criteria and applicable norms of NABCB – and FSSAI Schedule- 4 (Sec- II, III & 5)(IAF-Scope 3 & 30)

AMR IB- has adequate resource for inspection

Name of Inspector

- 1) Team Leader:
- 2) Team member:
- 3) Tech. Expert (if applicable) –

Tentative date of Inspection:

Next Inspection Due on.:

Inspection Man days estimated as per FSSAI-auditors manual-

Catering/QSR/ Restaurants/Dairy products

Food handlers	On Site Man-days **
0-25	0.5
26-50	1
51-100	1.5
101-100	2

**Frequency of audit**

Product	Product	Audit Score Range	Audit Frequency
1	Dairy product and analogues, Catering excluding products of food category 2.0	Score: 81-100%	Once in 12 months
		Score: 51 – 80 %	Once in 09 months
		Score: < 50 %	Once in 06 months

Approved By—