

Please fill in the blank

Company:

Commercial register No/
Value added tax ID

Area of company (m²):

Leader of the HACCP-Team:

Release of the HACCP-concept:

Which CCP's did you established?

Number of HACCP studies

(A HACCP study corresponds to a hazard analysis for a family of products/ services with similar hazards and similar production technology and, where relevant, similar storage technology.)

Do you have an own **laboratory** at your disposal?
Which kind of analytics is carried out there?

Product range (per site)

(type and number per year, seasonal products)

Number and type of the product lines

and number of the employees in every

product line:

Licensed equipment/ machines

(pressure-, cooling-, protective gas plants etc.)

Type and form of documentation:

(as a separate entity or as part of an integrated management system)

Determining of the scope:

Which ordinances, regulations, guide-
lines (EU, national) are important for the
company?

Trade association membership:

Has the company got a valid licences/ registration for example EG-licence after
VO (EG) No. 853/2004?

Yes
 No

If yes, please declare the licence number

Date/ Signature of company representative: