

PHCE PRE-AUDIT QUESTIONNAIRE
(25 SEP 2019)
REQUIRED INFORMATION FOR INITIAL SANITATION AUDIT REQUESTS

The following section will be completed by the supplier based on the products being requested by the procurement agency.

I. ESTABLISHMENT NAME/ADDRESS

1. Establishment name.
2. Establishment's physical address of the production facility to include GPS coordinates.
3. List all products produced/processed at this establishment.

II. PERSONNEL/ADMINISTRATION

4. Provide the Establishment owner's name.
5. List the name of the primary and alternate points-of-contact (POC) and their direct phone numbers and email addresses:

Primary POC
Name:
Email address:
Phone number:

Alternate POC
Name:
E-mail address:
Phone number:

III. GENERAL

6. Indicate the days and hours of operation for production (M-F, shifts, etc.).
7. Indicate the days and hours of operation for administrative offices (M-F, shifts, etc.).
8. Indicate the days and hours of operation for cleaning and sanitation (M-F, shifts, etc.).

Shelf-life:

9. What is the recommended shelf-life of those products being requested by the procurement agency (see above)?

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Recall/Traceability:

10. Describe your traceability/recall program.
11. Is there a written program in place?

IV. FOOD PROTECTION AND SANITATION
HACCP and/or Food Safety Control Program:

12. Do you have a written Hazard Analysis Critical Control Point Program (HACCP) plan?
13. If you do not have a HACCP plan, describe the Food Safety controls you have in place?

Raw Materials:

14. List all sources of water utilized in your establishment and specify if from a municipal source or an artesian well.
15. Provide the source of all raw materials with regards to the products being requested by the procurement agency (see above).
16. Indicate whether the raw materials listed in 15 above are received with an accompanying certificate of analysis.
17. If listing is for dairy products, do milk products being purchased for use in production arrive at the plant with an accompanying certificate of analysis for pesticides and antibiotic testing?

Laboratory Testing:

18. Indicate whether services are performed by an in-house or an external laboratory, or both.

Plant Sanitation:

19. Is there a written and documented master sanitation schedule and/or program in place?

V. PROCESS

20. Please provide a copy of the process flow diagram (in English) from receipt of raw materials to the distribution of the finished product(s), with all CCP's clearly annotated.

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VI. FOOD DEFENSE

21. Does your establishment have an implemented *Food Defense Policy* that adequately reduces food defense vulnerabilities?
22. Does your establishment have a system in place and implemented to adequately reduce food defense vulnerabilities from *Outside Grounds and Roof* areas?
23. Does your establishment have an *Employee and Visitor* program in place and implemented to adequately reduce food defense vulnerabilities?
24. Does your establishment have a system in place and implemented to adequately reduce food defense vulnerabilities from the *Material Receiving* area(s)?
25. Does your establishment have processes within the *Facility Operations* that adequately reduce food defense vulnerabilities?
26. Does your establishment have a system in place and implemented to adequately reduce food defense vulnerabilities from the *Finished Goods Storage/Shipping* area(s)?

Additional information for the supplier:

Please note that once the pre-audit questionnaire has been returned to the procurement officer and reviewed for completeness, an Initial Audit tasking will be generated. At this time an auditor will contact you via email to schedule the audit. Once a date is confirmed, the auditor will send the audit scope document that will outline the audit requirements.

For questions or more information, contact Public Health Command - Europe, Veterinary Services Division at: DSN: 314-590-9804 or Commercial: +49 (0)6371-9464-9709, or by Email: usarmy.landstuhl.medcom-ph-e.mbx.veterinary-services-division@mail.mil