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Issue date	



Supplier Self-Assessment Questionnaire

Instructions
<ul style="list-style-type: none"> ● Please complete all fields of the form unless instructed otherwise and return the document in electronic PDF format. ● This questionnaire must be completed by raw materials suppliers who do not manufacture products to SRS Nutrition Express, otherwise the manufacturer SAQ must be used. ● The manufacturer self-assessment questionnaire will still be required to be completed by the manufacturer(s) of the products supplied to SRS Nutrition Express or by the supplier on behalf of the manufacturer(s). ● The scoring section (second column) is for your information only-the final score will be calculated by our Quality teams to evaluate the suitability of the supplier for approval. The scoring is not the only criteria used to determine approval status and the final decision for the approval of a manufacturing facility remains with the responsible quality team member at SRS Nutrition Express.

Section 1 - Company Details			
Question 1.1:	Head Office		
Company Name			
Address line 1			
Address line 2			
City			
Region			
Country			
Postcode			
Telephone			
Fax			
Commercial contact (email / phone)			
Quality/Technical Contact (email / phone)			
Emergency contact (email / phone)			
Company website			
Please tick any activities you can perform on site	Activity	Capacity (volumes)	Capability details
	<input type="checkbox"/> Broker		
	<input type="checkbox"/> Out-Source Storage		
	<input type="checkbox"/> In-house Storage		
	<input type="checkbox"/> Re-Package		
	<input type="checkbox"/> Re-Labeling		
<input type="checkbox"/> On-Site Manufacturing			

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	<input type="checkbox"/> Custom Clearance		
	Other:		
Are all of your activities within the scope of the certifications listed in section 2 below?		<input type="checkbox"/> Yes / <input type="checkbox"/> No If no, what is out of scope?	
Do you have HACCP in place for each activity?		<input type="checkbox"/> Yes / <input type="checkbox"/> No Please provide the HACCP flow and HACCP table for all activities	50
1.1	Do you agree to notify SRS of any changes in regulatory status of labeling of your product supplied? (GMO, Allergen, Novel Food, Nano Status, etc.)	Choose an item.	10
1.2	Is a specification amendment program in place which prohibits specification modifications without prior notification to and consent of SRS?	Choose an item.	10
1.3	If revisions and corrections to specifications and technical documentation is in place, then SRS will be informed and provided with information including the modification date and summary of modifications?	Choose an item.	10
1.4	Do you agree to notify SRS if a change takes place to supplier and/or manufacturer facilities?	Choose an item.	10
1.5	Do you agree to notify SRS if address and/or manufacturing location changes?	Choose an item.	10
1.6	Do you agree to notify for of any non-conformance citations as a result of a government inspection?	Choose an item.	10
1.7	Do you agree to notify SRS is a change in certification and/or certifying body, including, but not limited to, Kosher, Halal and Third Party Food Safety Audits (BRC, SQF, FSSC 22000 etc.)?	Choose an item.	10
1.8	Do you agree to notify SRS if a purchased good is scheduled for discontinuation and SRS will be provided contingency options?	Choose an item.	10
1.9	If you are the supplier of a finished product, raw material, ingredient or component of a Food Product which is sold in the United States, then you are expected to FULLY comply with the FDA's Food Safety Modernization Act and Foreign Supplier Verification Program. Are you in compliance?	Choose an item.	10
1.10	Do you agree to notify SRS of any changes to packaging type?	Choose an item.	10
1.11	Do you agree to provide updated Facility Audit Reports including Corrective Actions and Technical Documentation annually?	Choose an item.	10
Section 2 – Site Certification			
2.1	25	Is any part of your operation certified by a 3rd party to a (GFSI) Food Safety Management Scheme?	Choose an item.
2.1a		If Yes, please select all certification schemes that apply and enclose a copy of your certificates:	BRC <input type="checkbox"/> FSSC 22000 <input type="checkbox"/> SQF <input type="checkbox"/> IFS <input type="checkbox"/>

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			Other:
2.1b		Date of the last inspection visit received – please enclosed the last visit report	
2.2	10	If you answered no to 2.1, any part of your operation certified by a 3rd party to a non-GFSI Food Safety Management Scheme?	Choose an item.
2.2a		If Yes, please select all certification schemes that apply and enclose a copy of your certificates:	AIB <input type="checkbox"/> ISO 22000 <input type="checkbox"/> NSF <input type="checkbox"/> FSSAI <input type="checkbox"/> GMP <input type="checkbox"/> Other:
2.2b		Date of the last inspection visit received – please enclosed the last visit report	
2.3		Is any part of your operation certified with any other Management Schemes?	Choose an item.
2.4		If Yes, please select all certification schemes that apply and enclose a copy of your certificates:	ISO 9001:2015 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 28001 <input type="checkbox"/> GMP+ <input type="checkbox"/> HACCP Codex <input type="checkbox"/> FAMI-QS <input type="checkbox"/> Other:
2.5	Please provide the manufacturing location(s) and details for all products supplied to SRS Group (including repacking):		
	Manufacturer name	Products	Details (Address & Emergency contacts)
2.6	Please list all of the storage location(s) where products are stored prior to supply to SRS		
	In-house / Out-sourced	Name of the Storage "provider"	Details (Address & Emergency contacts)
	<input type="checkbox"/> in-house <input type="checkbox"/> outsourced		
	<input type="checkbox"/> in-house <input type="checkbox"/> outsourced		
	<input type="checkbox"/> in-house <input type="checkbox"/> outsourced		
	<input type="checkbox"/> in-house <input type="checkbox"/> outsourced		

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2.7		Does your company have to undergo audits/visits by a state, province, federal or local authorities / government agencies?	Choose an item.
2.7a		If you answered Yes to question 2.7 please provide the name of the agency and the date of the last inspection?	
2.7b		Did you have any non-conformances / observations raised?	Choose an item.
2.7c		If yes, please enclosed Corrective Action Plan supplied to the authorities	CAP attached <input type="checkbox"/>
2.8		Is your facility registered with the FDA according to the provisions outlined in the Public Health Security and Bioterrorism?	Choose an item.
2.9	25	Would you allow SRS staff to visit and audit your facility(ies)?	Choose an item.
Section 3 – Social Accountability			
3.1		Are you members of Sedex? If yes, please provide your SEDEX registration number.	
3.2		Please provide a copy of your Ethical Policy?	Policy attached <input type="checkbox"/>
3.3		Are you accredited to the Social Accountability International Standard SA8000?	Certificate attached <input type="checkbox"/>
3.4		Are you registered with Ecovadis?	Choose an item.
3.5		Do you have a Fair Trade Policy?	Choose an item.
3.6		Do you endorse and apply the policies of Fair Trade?	Choose an item.
3.7		What is the minimum age a person can enter your employment?	
3.8	25	Do you have a written Health & Safety Policy?	Choose an item.
3.9		Who is in charge of Health & Safety?	
3.10		Do all employees receive regular Health & Safety training appropriate for the work they do?	Choose an item.
3.11	25	Do you have a policy on prohibiting bribery, corruption and fraud within your company?	Choose an item.
3.12		Do you train your employees on how to avoid bribery and corruption?	Choose an item.
Please confirm your compliance to the following clauses of the ETI base code (link)			
3.13	5	Clause 1: Employment is freely chosen 1.1 There is no forced, bonded or involuntary prison labour. 1.2 Workers are not required to lodge "deposits" or their identity papers with their employer and are free to leave their employer after reasonable notice	Choose an item.

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3.14	5	<p>Clause 2: Freedom of association and the right to collective bargaining are respected</p> <p>2.1 Workers, without distinction, have the right to join or form trade unions of their own choosing and to bargain collectively.</p> <p>2.2 The employer adopts an open attitude towards the activities of trade unions and their organisational activities.</p> <p>2.3 Workers representatives are not discriminated against and have access to carry out their representative functions in the workplace.</p> <p>2.4 Where the right to freedom of association and collective bargaining is restricted under law, the employer facilitates, and does not hinder, the development of parallel means for independent and free association and bargaining.</p>	Choose an item.
3.15	5	<p>Clause 3: Working conditions are safe and hygienic</p> <p>3.1 A safe and hygienic working environment shall be provided, bearing in mind the prevailing knowledge of the industry and of any specific hazards. Adequate steps shall be taken to prevent accidents and injury to health arising out of, associated with, or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment.</p> <p>3.2 Workers shall receive regular and recorded health and safety training, and such training shall be repeated for new or reassigned workers.</p> <p>3.3 Access to clean toilet facilities and to potable water, and, if appropriate, sanitary facilities for food storage shall be provided.</p> <p>3.4 Accommodation, where provided, shall be clean, safe, and meet the basic needs of the workers.</p> <p>3.5 The company observing the code shall assign responsibility for health and safety to a senior management representative.</p>	Choose an item.
3.16	5	<p>Clause 4: Child labour shall not be used</p> <p>4.1 There shall be no new recruitment of child labour.</p> <p>4.2 Companies shall develop or participate in and contribute to policies and programs which provide for the transition of any child found to be performing child labour to enable her or him to attend and remain in quality education until no longer a child; "child" and "child labour" being defined in the appendices.</p> <p>4.3 Children and young persons under 18 shall not be employed at night or in hazardous conditions.</p> <p>4.4 These policies and procedures shall conform to the provisions of the relevant ILO standards.</p>	Choose an item.

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3.17	5	<p>Clause 5: Living wages are paid</p> <p>5.1 Wages and benefits paid for a standard working week meet, at a minimum, national legal standards or industry benchmark standards, whichever is higher. In any event wages should always be enough to meet basic needs and to provide some discretionary income.</p> <p>5.2 All workers shall be provided with written and understandable Information about their employment conditions in respect to wages before they enter employment and about the particulars of their wages for the pay period concerned each time that they are paid.</p> <p>5.3 Deductions from wages as a disciplinary measure shall not be permitted nor shall any deductions from wages not provided for by national law be permitted without the expressed permission of the worker concerned. All disciplinary measures should be recorded.</p>	Choose an item.
3.18	5	<p>Clause 6: Working hours are not excessive</p> <p>6.1 Working hours must comply with national laws, collective agreements, and the provisions of 6.2 to 6.6 below, whichever affords the greater protection for workers. 6.2 Working hours, excluding overtime, shall be defined by contract, and shall not exceed 48 hours per week</p> <p>6.3 All overtime shall be voluntary. Overtime shall be used responsibly, taking into account all the following: the extent, frequency and hours worked by individual workers and the workforce as a whole. It shall not be used to replace regular employment. Overtime shall always be compensated at a premium rate, which is recommended to be not less than 125% of the regular rate of pay.</p> <p>6.4 The total hours worked in any 7 day period shall not exceed 60 hours, except where covered by clause 6.5 below.</p> <p>6.5 Working hours may exceed 60 hours in any 7 day period only in exceptional circumstances where all of the following are met:</p> <ul style="list-style-type: none"> ● this is allowed by national law; ● this is allowed by a collective agreement freely negotiated with a workers' organization representing a significant portion of the workforce; ● appropriate safeguards are taken to protect the workers' health and safety; and ● the employer can demonstrate that exceptional circumstances apply such as unexpected production peaks, accidents or emergencies. <p>6.6 Workers shall be provided with at least one day off in every</p>	Choose an item.

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		7 day period or, where allowed by national law, 2 days off in every 14 day period.	
3.19	5	<p>Clause 7: No discrimination is practiced</p> <p>7.1 There is no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation.</p>	Choose an item.
3.20	5	<p>Clause 8: Regular employment is provided</p> <p>8.1 To every extent possible work performed must be on the basis of recognized employment relationship established through national law and practice.</p> <p>8.2 Obligations to employees under labour or social security laws and regulations arising from the regular employment relationship shall not be avoided through the use of labour-only contracting, sub- contracting, or home-working arrangements, or through apprenticeship schemes where there is no real intent to impart skills or provide regular employment, nor shall any such obligations be avoided through the excessive use of fixed-term contracts of employment.</p>	Choose an item.
3.21	5	<p>Clause 9: No harsh or inhumane treatment is allowed</p> <p>9.1 Physical abuse or discipline, the threat of physical abuse, sexual or other harassment and verbal abuse or other forms of intimidation shall be prohibited.</p>	Choose an item.

Section 4 – Declaration

4.1	By signing this document you confirm all information provided to SRS Group, is to the best of our knowledge and in good faith.
4.2	By signing this document you understand that SRS Group may pass this information to their customers on our behalf and this will be used by the said customers.
4.3	By signing this document you confirm that change management is controlled and documented so that it is approved accordingly.
4.4	Please read and sign the SRS Quality Terms & Conditions and SRS Code of Conduct to confirm all future shipments will meet our requirements.

If you have indicated in Question 2.6, that you arrange storage in your own warehouse location, please complete question below.

If you do not store products yourselves, please skip to the sign off section at the bottom of this document.

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Section 5 – General Information

5.1	Company Name:	Main Telephone No.	
	Company Address:	Fax No.	
		Operations contact name:	
		Contact position:	
		Telephone No.	
		Email:	
		Commercial contact name:	
		Contact position:	
		Telephone No.	
		Email:	
5.2	If multi-sites, please indicate any additional addresses	Address 2: Telephone No.	Address 3: Telephone No.
5.3	<p style="color: red;">If multiple sites are used, please complete this form for each site storing SRS's products.</p> <p style="color: red;">Please note that only approved sites can be used to store SRS's products, products must not be moved to another site without prior written permission.</p>		
5.4	Are you part of a larger group of companies:	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please provide the head office address:	

Section 6 – Accreditation & Quality System

6.1	Do you have Product Liability Insurance Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please state limit of liability:
6.2	Are you members of a recognised trade association?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please provide details here and enclose your Terms and Conditions of storage:	
6.3	Is any part of your operation registered to any formal quality scheme e.g. ISO9001, GMP+, BRC? If so, enclose a copy of your certificate(s)	<input type="checkbox"/> ISO 9001:2008 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> FAMI-QS	<input type="checkbox"/> BRC for storage & distribution <input type="checkbox"/> GMP+ <input type="checkbox"/> Other: <input type="checkbox"/> No certification in place
6.4	Do you have Statutory Inspections?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

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		If yes, which bodies are you inspected by?	
6.5	If NO, are you working towards registration?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, state estimated type & date of registration	
6.6	What type of goods do you currently store on site (e.g. food, feed, alcohol, consumer goods, garments etc.)?		
6.7	If food and non-food products stored in the same facility, do you keep them in segregated areas?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
6.8	Do you have a warehouse license issued by a recognized authority?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, please enclose a copy of your license.	
6.9	Do you have a dangerous goods licence	<input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, please enclose a copy of your license.	
6.10	Do you have a documented Quality System?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
6.11	Is the site registered as a food premise?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
6.12	Are you registered with the local health authority?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> n/a	
6.13	How often are you visited by the local health authority?		
6.14	Do you have a formal system for monitoring customer complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please describe or enclose your SOP:
6.15	How do you report & track non-conforming goods?		
6.16	Do you have a dedicated quarantine area	<input type="checkbox"/> Yes – for goods in <input type="checkbox"/> Yes – for damages / non-compliant products <input type="checkbox"/> No	
6.17	Do you perform internal audits?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please describe who is responsible and frequency?	
6.18	What sort of stock control system do you use?	<input type="checkbox"/> Computerized / <input type="checkbox"/> Manual / <input type="checkbox"/> Combination	
6.19	Is the Stock Control System	<input type="checkbox"/> Perpetual / <input type="checkbox"/> By batch	
6.20	Does this system routinely provide stock reports	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

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6.21	Does the Stock Report show all movements in and out?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.22	How often is the Stock Report Issued	
6.23	Can you identify if samples have been taken	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.24	Is the stock system able to record when repacking or labelling is undertaken	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.25	Does the stock control system provide full traceability of product	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.26	Do you carry out stock checks to validate your stock records	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.27	How often do you undertake these checks	
6.28	Does the warehouse have Customs or Excise Approval	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Section 7 – Warehousing Facility & Operation		
7.1	Which best describes the location of the site	<input type="checkbox"/> Light Industrial Estate <input type="checkbox"/> Heavy Industrial Estate <input type="checkbox"/> Rural/sparsely populated <input type="checkbox"/> Densely populated area <input type="checkbox"/> Other please describe:
7.2	How old are the buildings used to store SRS Europe Ltd. products	Years
7.3	How many buildings are used for storage on the site	
7.4	What is the storage capacity of the buildings	m2 / pallet spaces / sq2
7.5	Building type	<input type="checkbox"/> Multi storey / <input type="checkbox"/> Single storey
7.6	Do you store products outdoor?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, how do you prevent contamination and deterioration?
7.7	Do you store pallets outdoor?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, how do you prevent contamination and deterioration?
7.8	What type of products do you store on site	<input type="checkbox"/> Food <input type="checkbox"/> Non-Hazardous Chemicals <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> General Goods <input type="checkbox"/> Other (please specify):
7.9	Roof	<input type="checkbox"/> Asbestos profile sheeting
		<input type="checkbox"/> Corrugated Iron <input type="checkbox"/> Plastic coated <input type="checkbox"/> Other (please specify)

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		metal profile sheeting	
		Does the roof contain light panels	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is the roof insulated	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Are gutters taking rainwater away?	<input type="checkbox"/> Internal/ <input type="checkbox"/> External
7.10	Walls	<input type="checkbox"/> Asbestos profile sheeting	<input type="checkbox"/> Corrugated Iron
		<input type="checkbox"/> Plastic coated metal profile sheeting	<input type="checkbox"/> Bricks and Mortar
		If partial to what height and what is above	
		Do you have any windows facing your warehouse?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.11	Floors	<input type="checkbox"/> Solid concrete base with granolithic screed	<input type="checkbox"/> Tarred block work
		<input type="checkbox"/> Asphalt	<input type="checkbox"/> Brick block work
		<input type="checkbox"/> Other (please specify)	
7.12	Canopies	Does the building have undercover unloading/loading	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Does the building have built in Dock Levellers	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Does the building have scissor lifts	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Do you use ground floor loading ramps	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.13	Lighting	What type of lighting is used in the warehouse (i.e. Sodium)	
		Are the lights protected against accidental damage	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Do you have a	<input type="checkbox"/> Yes (Please attach) <input type="checkbox"/>

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		Glass Breakage Policy	No
		Do you have a Glass & Plastics breakage procedure	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.14	Type of facility	Very narrow aisle	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is this fully automated	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Narrow aisle (reach truck)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Block Stacking	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Bulk Stacking	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Order picking	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.15	Racking	What is the maximum height of pallet	
		What is the maximum weight of pallet	
		Do you use only heat treated pallets?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is there a marked pallet location system	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is there a maintenance program for racking	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		How frequently are racks inspected	
7.16	Fork lifts	Is there a routine maintenance program for fork lifts?	<input type="checkbox"/> Yes – in-house <input type="checkbox"/> Yes – external <input type="checkbox"/> No
		How often are they inspected	
7.17	Goods In / Good Out	Do you operate a booking system for goods in?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is there a written procedure for releasing goods?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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		If yes does it encompass the following:	<input type="checkbox"/> Advice to Warehouse <input type="checkbox"/> Checking goods against instruction <input type="checkbox"/> Checking vehicles condition <input type="checkbox"/> Advice of dispatch to stockholder		
		Do you supply collection notes for all collections?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> n/a		
		Do you keep record of dispatch and receipts of goods?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
		If yes, How long do you keep the record for:			
		How do you manage customer's specific requirements (restriction on mixed load, vehicle type, load stacking, etc.)?			
		7.18	Distribution	Do you arrange vehicle bookings with the consignee	<input type="checkbox"/> Yes / <input type="checkbox"/> No
				Do you advise SRS of service failures	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you provide Proof of Delivery?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, how soon after delivery?				
Section 8 - Security					
8.1	Fencing	Do you have perimeter fencing	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
		Does the site operate 24 hours	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
		If no state hours please			
8.2	Guarding	Do you employ security guards	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes: <input type="checkbox"/> directly employed <input type="checkbox"/> contracted out		

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		Is the guard operating 24 hours	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		If not please specify hours of operation	
8.3	Building	Are there windows into the storage areas	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		If so how are they protected against intruders	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> N/A
		Are all doors kept closed when not in operation	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Are all operational doors locked from the inside of the building	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.4	Alarms	Do you have a fully operational security alarm system	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is this connected to a monitoring station or the police	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is this monitored at all times when the building is locked	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.5	Visitors	Are all visitors required to register on arrival at the site	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Are visitors inducted with security and safety procedures	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Are visitors restricted to certain areas	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.5	Contractors	Do you have a selection procedure for appointing	<input type="checkbox"/> Yes / <input type="checkbox"/> No

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	contractors	
	Are all contractors to register as a visitor on arrival at the site	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Are contractors issued with work permits and security procedures	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Are all contractors working on site adequately supervised	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Section 9 – Fire Precautions

9.1	Is the building covered by a Fire Certificate	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.2	Do you have a fully operational fire alarm system	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.3	Does this connect direct to the fire services or via a monitoring station	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.4	How often is the functionality of the alarm tested	
9.5	Is the building fitted with a Sprinkler System	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.6	Is the building fitted with Hose Reels	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.7	Is the building fitted with Extinguishers	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.8	Do you have a “No Smoking” policy	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.9	What area of the site does this cover	
9.10	Is the site adequately equipped with Fire Notices	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.11	Is the site adequately equipped with evacuation plans	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.12	Do you have a Crisis Management Plan	<input type="checkbox"/> Yes / <input type="checkbox"/> No
9.13	Do you comply with you countries fire suppression laws	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Section 10 – Pest Control

10.1	Do you have pest control on site	<input type="checkbox"/> No <input type="checkbox"/> Yes – in-house <input type="checkbox"/> Yes – contracted <i>If yes, provide bait plan</i>
10.2	If using a contractor, name of the contractor	
10.3	Frequency of inspections	Routine inspections: Biologist visits:
10.4	Does this cover	<input type="checkbox"/> Rats & Mice <input type="checkbox"/> Crawling Insects <input type="checkbox"/> Stored Product Insects <input type="checkbox"/> Flying Insects

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		<input type="checkbox"/> Birds	
10.5	Do you use toxic baits? If so what poison is used and where?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
10.6	Is the exterior of the factory covered by a pest control regime?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Section 11 - Hygiene			
11.1	Do you have a documented hygiene policy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If YES, please enclose a copy
11.2	If YES, how is this communicated to employees and who is responsible for implementation?		
11.3	Is eating or drinking permitted anywhere on site?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If YES, where?
11.4	Do you have a procedure for staff returning to work after illness or foreign travel?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If YES, please give details:
11.5	Do you have a spillage procedure?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Please detail records kept: Please detail how you dispose of spillages:
11.6	Do you have a cleaning schedule for the site	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, who performs it: <input type="checkbox"/> Contractor <input type="checkbox"/> In House Cleaner <input type="checkbox"/> Warehouse Staff
11.7	How often is the warehouse cleaned		
11.8	Do you use a mechanical sweeper	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
11.9	Are records kept for cleaning	<input type="checkbox"/> Yes / <input type="checkbox"/> No	For how long
11.10	How do you deal with the following	Normal Waste	
		Controlled Waste	
		Special Waste	
11.11	If open skips or compactors are used how frequently are they emptied		
11.12	Is the waste kept externally or internally		
11.13	Is any waste contractor used registered with the Environment Agency		
Section 12 - Staffing			
12.1	How many employees do you have on site	Warehouse	
		Office	

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		Transport	
		Other	
12.2	Do you have an employer's liability insurance policy	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.3	Do you have written Health & Safety Policy and Procedures (please attach)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.4	Have you a documented training program for all staff?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.5	Do all personnel undergo general safety training?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.6	Are all fork lift truck drivers trained and fully authorized?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.7	Do you employ casual labour?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.8	How are they trained?		
12.9	How many personnel do you have qualified in First Aid?		
12.10	Is there First Aid Equipment available to all employees?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.11	Do you have an accident report book?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.12	Do you investigate and keep records of all accidents?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.13	Is protective clothing issued to all operational staff?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.14	What items of protective clothing are issued	Overalls	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Safety Boots	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Hard Hats	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		High Visibility Jackets	<input type="checkbox"/> Yes / <input type="checkbox"/> No
12.15	Do you have a procedure for dealing with hazardous goods (please attach)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
12.17	How do you communicate Safety Data Sheets to staff members	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Section 13 - Allergens			
13.1	Do you store any of the known allergens on site?	<input type="checkbox"/> No allergens stored <input type="checkbox"/> Cereals containing Gluten & products thereof <input type="checkbox"/> Crustaceans & products thereof <input type="checkbox"/> Molluscs & products thereof <input type="checkbox"/> Eggs & products thereof <input type="checkbox"/> Fish & products thereof <input type="checkbox"/> Peanuts & products thereof <input type="checkbox"/> Tree Nuts & products thereof <input type="checkbox"/> Soybeans & products thereof <input type="checkbox"/> Milk & products thereof <input type="checkbox"/> Celery & products thereof <input type="checkbox"/> Mustard & products thereof <input type="checkbox"/> Lupin(e) & products thereof <input type="checkbox"/> Sesame seeds & products thereof	

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		<input type="checkbox"/> Sulphur Dioxide and sulphites (concentrations > 10mg/kg or 10mg/L) <input type="checkbox"/> information not available	
13.2	Do you have an allergen Policy / Procedure?	<input type="checkbox"/> Yes (please share) / <input type="checkbox"/> No	
13.3	How do you identify allergenic products?		
13.4	How do you segregate allergenic products?		
Section 14 - Other			
14.1	Sampling	Do you have a sampling area separate from the warehousing activities?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		What type of separation is in place?	
		Do you have a written sampling procedure (please attach)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Please provide details of all equipment used in sampling our goods	<input type="checkbox"/> Scales <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Scoops <input type="checkbox"/> Aprons
		How do you clean the equipment before sampling (please specify)	
14.2	Transport	Do you run your own transport operations	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		What type of separation is in place?	
		What areas do your transport operations cover (please specify)	
		Do you sub contract your transport operations	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		How do you approve your subcontractors	<input type="checkbox"/> Yes / <input type="checkbox"/> No
14.3	Are there any services that you offer onsite not covered by the above (repacking, order picking, etc.)		

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To be completed by the manufacturer:

To be completed by the manufacturer:		Signature:	
Name of Person Responsible:			
Position:		Company Stamp:	
Date:			