Pacific Certification Pvt Ltd
PC-F-01

Application form

Date of Application			
Company Name			
Address			
Scope (kind of Business):	Dairy Unit	General Manufacturing	Catering- Hotel / Restaurant
Employee No			
Shift Detail			
Telephone Number		Fax Number	
e-mail			
Top Management		Food supervisor	
FSSAI License No		Validity of License	

Sl.	Particular		
1	How many process lines are in the site?		
2	What are the product and processing season?	Product	Season
3	How many HACCP Studies are conducted for Site?		
4	How many CCP's are identified?		

Equipment details

Sl.	Apparatus available	Calibrated	If calibrated write the equipment ID and date of calibration
1	Thermometer -25° to 125° C	Yes/ No	
2	Torch of 800 Lumen	Yes/ No	
3	Magnifying glass	Yes/ No	
4	Stop Watch/ Mobile stop Watch	Yes/ No	
5	Digital Camera / Mobile camera of 10 MPX	Yes/ No	
6	Lux meter	Yes/ No	

Details of consultant (If Any) -

Confirmation

Contact Name :
Position : *Signature:*

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Application Review

No of Product/ process line / HACCP studies											
Scope (kind of Business):											
Employee No											
Appratus available	**Thermometer**		**Mangnifing glass**		Torch		Stop Watch		Lux meter		
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	
Calibration status of equipment											
Can apparatus be used in emergency	**No**		**Yes**		**If Yes Then thermometer should be site calibrated in melting ICE at 0° C**						
Man days Required											
Audit date Scheduled											
Approved Team leader											
Date of Review	**Signature**										