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**PRELIMINARY INFORMATION FOR FSMS/HACCP CERTIFICATION**

**NOTE:**

- The information given in reply to this questionnaire shall be treated confidentially.
- Supplements may be included where it is necessary to expand any statement.
- A separate document shall be completed for each site involved.
- The statements given herein shall relate to the Management System available at the time of completing the form.
- This questionnaire should be completed in as much detail as possible and returned to RSB.

**1. Company Details:**

Name of Firm: .....

1.1 Do you trade under any other trading names? YES  NO

If 'YES' give further details:

.....

1.2 Is your organization part of some larger organization? YES  NO

If 'YES' give name of holding company.

.....

1.3 Does your firm currently hold any other certifications YES  NO

If 'YES' give details:

.....

1.4 Are you currently seeking approval/ certification from other Bodies? YES  NO

If 'YES' give details:

.....

1.5 Are you migrating from another - Certification Body?

YES  NO

If Yes, please indicate:

Management System.....Expiry date.....

Certification Body (former).....

1.6 Did you seek the assistance of a Consultant during the development of your management system? YES  NO

If 'YES' which Consultancy Firm? .....

.....  
 Give names of the person(s) involved in the consultancy services  
 .....

1.7 (a) What other Divisions of RSB do you interact with and which services/activities do these departments offer to your organization?  
 .....

(a) Does your organization operate in shifts?      YES                       NO

If yes, how many? .....

(b) Kindly indicate in the space below, the activities of each shift and the average number of personnel per shift  
 .....

(c) Does your organization has seasonal workers?      YES                       NO

If yes, how many? .....

1.8 Which statutory and regulatory requirements are applicable to your organization?  
 Kindly list the sections/subsections  
 .....

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**2. Product/Service Details**

2.1 List all the activities/ departments/processes/sections covered under the scope for which certification is sought

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.....  
.....  
.....  
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.....

**Please attach the organization structure of your entity to the filled application documents.**

2.2 Please describe, within the space provided, below the **scope** (products/services or product categories and processes) for your firm’s activities for which registration/certification is sought and which will define your product range or services to potential customers. *(Explain the boundaries of activities under your responsibilities)*

*Detailed explanations:*

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.....  
.....  
.....

2.3 Do you conduct farming activities (Farming of animals and/or faming of plants)?

     *If yes;*

*Detailed explanations*

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.....  
.....  
.....

2.4 Do you have outsourced services in relation with the production?

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If yes:

*Detailed explanations*

.....  
 .....

*2.4 How are finished products transported to the market? Do you have your own means for transportation?*

*If yes, which means of transport used among the following:*

1. Cold truck
2. Non cold truck
3. Moto bike
4. Wheel barrow
5. Other means

.....  
 .....  
 .....  
 .....  
 .....

*2.5 Do you have storage provisions for end products?*

*If yes, how many are they? Where are they located?*

*Detailed explanations*

.....  
 .....  
 .....  
 .....  
 .....

*2.6 Where do you sell your end products? Do you have your own retail outlets?*

If yes:

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*Detailed explanations*

.....  
 .....  
 .....  
 .....

2.7 List any other products or services offered or department (s) for which certification is NOT being sought:

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 .....  
 .....  
 .....  
 .....

2. Which processes of the management system are outsourced by your organization? (*Activities related to the main process that have impact to food safety*)

.....  
 .....  
 .....  
 .....  
 .....

**3. HACCP/FSMS system readiness for certification**

3.1 Have you developed the necessary HACCP/FSMS system documentation? YES  NO

If yes, please detail the titles of the documents

.....  
 .....  
 .....  
 .....

3.2 Are the employees in the organization aware of the HACCP/FSMS system?

YES  NO

3.3 What training (if any) have the employees undergone in relation to the HACCP/FSMS system?

.....  
 .....

.....  
 .....

3.4 List the HACCP studies and the process lines covered under the scope for which registration/certification is sought.

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 .....  
 .....  
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 .....  
 .....

3.5 Do you have any clients with special needs i.e., groups of users/consumers known to be especially vulnerable to specific food safety hazards? Kindly list them below, if any.

.....  
 .....  
 .....  
 .....

3.6 Have you conducted internal audit? YES  NO

If yes when was the last conducted?

.....  
 .....  
 .....

3.7 Have you conducted management reviews? YES  NO   
 If yes when was the last conducted?

.....  
 .....

3.8 Do you export your products? YES  NO

If yes detail destination(s)

.....  
 .....  
 .....

3.9 How soon (specify in weeks or months) does your organization wish to be registered?

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**4. How did you learn about RSB certification services?**

Customer                       Personal Contacts Seminar   
Exhibition                       Recommendation     Supplier   
Others \_\_\_\_\_ Please \_\_\_\_\_ state: \_\_\_\_\_

.....

**5. Confirmation of validity of information**

I hereby confirm that the information given is true to my knowledge and do declare(s) that he/they is/are properly authorized to make this application and to bind the applicant legally

Signed: .....

Position: .....

Date: .....

*Please return this questionnaire to:*

**The National Certification Division Manager**  
**Rwanda Standards Board**  
KK 15 Rd, 49  
P.O. Box 7099 – Kigali  
Tel: 3250 (hotline) or (+250) 788 303 49  
Email: [info@rsb.gov.rw](mailto:info@rsb.gov.rw), [customer@rsb.gov.rw](mailto:customer@rsb.gov.rw)  
Website: [www.rsb.gov.rw](http://www.rsb.gov.rw)