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PRELIMINARY INFORMATION FOR FSMS/HACCP CERTIFICATION

NOTE:

Revision: 02

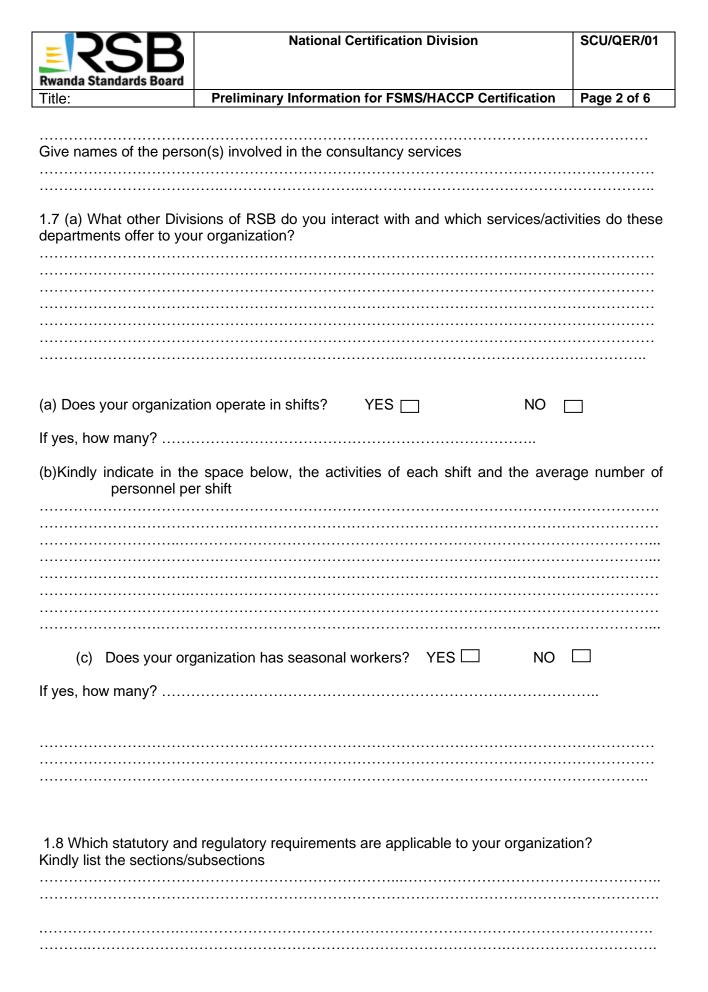
- o The information given in reply to this questionnaire shall be treated confidentially.
- Supplements may be included where it is necessary to expand any statement.
- o A separate document shall be completed for each site involved.
- The statements given herein shall relate to the Management System 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 II '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

Date of Approval:

21/05/2019



Revision:	02	Date of Approval:	21/05/2019

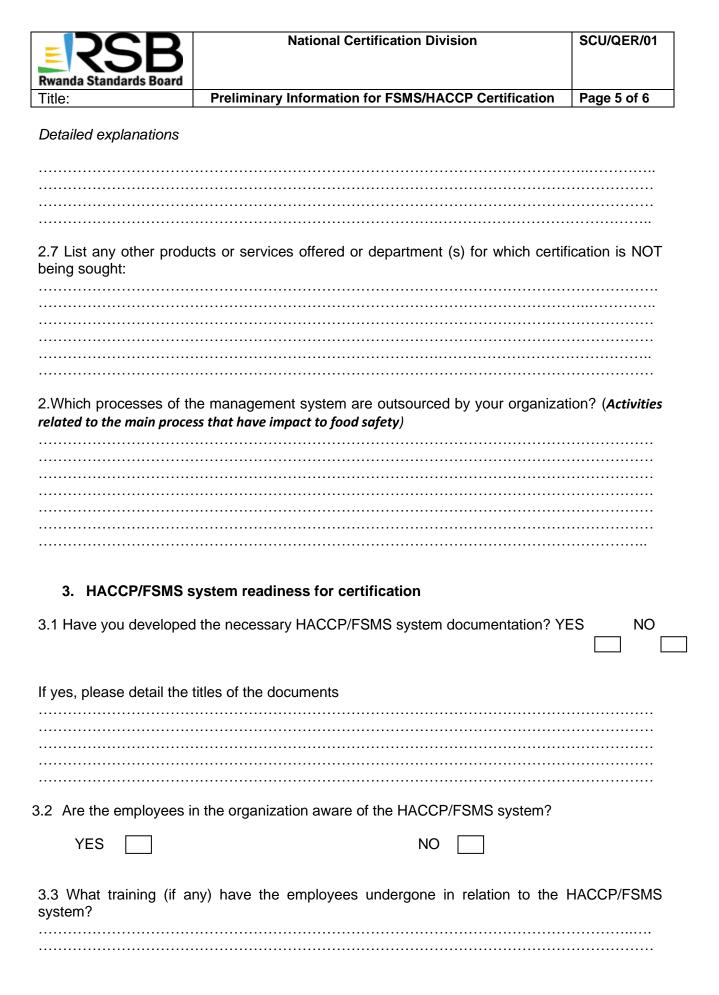
≛ RSB	National Certification Division	SCU/QER/01
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2. Product/Service	e Details	
2.1 List all the activities certification is sought	s/ departments/processes/sections covered under the so	ope for which
	organization structure of your entity to the filled	application
documents.		
product categorie	, within the space provided, below the scope (products/ser es and processes) for your firm's activities for which fication is sought and which will define your product range	
potential custom	ers. (Explain the boundaries of activities under your respon	nsibilities)
Detailed explanation	ns:	
		• • • • • • • • • • • • • • • • • • • •
2.3 Do you conduct	farming activities (Farming of animals and/or faming of plai	nts)?
<u>If yes;</u>		
Detailed explanation	28	
Betailed explanation	10	
2.4 Do you have out	tsourced services in relation with the production?	

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If yes: Detailed e	xplanations
	How are finished products transported to the market? Do you have your own meatransportation?
If y	res, which means of transport used among the following:
1.	Cold truck
2.	Non cold truck
3.	Moto bike
4.	Wheel barrow
5.	Other means
	vou have storage provisions for and products?
	you have storage provisions for end products?
	v many are they? Where are they located?
<u>Detailed e</u>	<u>xplanations</u>
2.6 W	nere do you sell your end products? Do you have your own retail outlets?
If yes:	

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	dies and the process lines covere	ed under the scope for	which
registration/certification	is sought.		
3.5 Do you have any o	clients with special needs i.e., gr	rouns of users/consur	ners known to he
	specific food safety hazards? Ki		
3.6 Have you conducted	d internal audit? YES	NO	
If yes when was the last	t conducted?		
3.7 Have you conducted	d management reviews? YES		
If yes when was the las			
3.8 Do you export your	products?		
	YES	NO	
If yes detail destination(s)		
3.9 How soon (specify in	n weeks or months) does your or	ganization wish to be	registered?
Davisiana 02		Data of Approval	24/05/2040
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4. How did you lea	arn about RSB certification services?	
Customer	Personal Contacts Seminar	
Exhibition	Recommendation Supplier	
Others	Please	state:
5. Confirmation of	validity of information	
•	he information given is true to my knowledge and do outline application and to bind the applicar	` '
Signed:		
Position:		
Date:		
Please return this quest	ionnaire 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, customer@rsb.gov.rw

Website: www.rsb.gov.rw

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