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| **SQF Request for Proposal**Thank you for Requesting a Service Proposal from ASI. The information you provide on this form will help ASI determine the duration and costs necessary to satisfy your certification goal. Please fill in this form in its entirety and keep any descriptions brief but comprehensive. Your ASI Account Representative will follow up with a service cost proposal that is meant to be an estimate of ASI services. If an agreement can be made, this form will be referenced to provide a copy of ASI’s *Master Certification Service Agreement* as well as an *SQF Statement of Work.* To begin scheduling ASI services, a signed copy of both the *Master Certification Service Agreement* as well as an *SQF Statement of Work* will need to be on file with ASI. |
| Facility Name: |       |
| Facility Address:*Including any Satellite Address* |       |
| Billing Address: |       |
| Website: |       |
| Main Contact: |       | Email: |       |
| Title: |       | Phone: |       |
| Billing Contact: |       | Email: |       |
| Title: |       | Phone: |       |
| Food Sector Categories: |       | Modules: |       |
| No. of Processes: |       | No. of HACCP Plans: |       |
| No. of Employees: |       | No. of Shifts: |       |
| Sq. Ft. of Facility: |       | Hours of Operation: |       |
| Primary Language: |       | Secondary Language: |       |
| SQF Code: | Edition 9.0:[ ]  Primary Plant Production[ ]  Primary Animal Production[ ]  Aquaculture[ ]  Food Manufacturing[ ]  Dietary Supplements Manufacturing [ ]  Animal Product Manufacturing [ ]  Pet Food Manufacturing[ ]  Animal Feed Manufacturing[ ]  Storage and Distribution[ ]  Manufacture of Packaging Materials[ ]  Quality | Food Safety Fundamentals:[ ]  Primary Production - Basic[ ]  Primary Production - Intermediate[ ]  Manufacturing - Basic[ ]  Manufacturing – IntermediateEdition 8.1: [ ]  Retail[ ]  Foodservice |
| ScopeDescription of Process:  |       |
| ScopeSub-Categories and Product List: |       |
| Exclusions:*(Must be approved)* |       |

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| **Facility Questionnaire**In order for ASI Food Safety to help you build a strong, successful SQF program, please answer the following questions so that we can assess where you are in the process and offer appropriate resources. Your account manager will be able to assist you in completing this portion of the form. |
| SQF Practitioner name: |       | # years in position |       |
| Briefly describe your experience in managing a food safety system. |       |
| Have you participated in an SQF audit before, either at your current facility or prior? If not, what about other 3rd party audits? |       |

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| **Policy Checklist for Module 2**Please check off all elements of the SQF code for which you have written policies for.(Underlined topics are mandatory elements of the SQF Code) |
| Management Responsibility (2.1.1) | [ ]  | Management Review (2.1.2) | [ ]  |
| Complaint Management (2.1.3) | [ ]  | Food Safety Management (2.2.1) | [ ]  |
| Document Control (2.2.2) | [ ]  | Records (2.2.3) | [ ]  |
| Product Formulation and Realization (2.3.1) | [ ]  | Specifications (2.3.2) | [ ]  |
| Contract Manufacturers (2.3.3) | [ ]  | Approved Supplier Program (2.3.4) | [ ]  |
| Food Legislation (2.4.1) | [ ]  | GMPs (2.4.2) | [ ]  |
| Food Safety Plan (2.4.3) | [ ]  | Product Sampling, Inspection, and Analysis (2.4.4) | [ ]  |
| Non-conforming Materials and Product (2.4.5) | [ ]  | Product Rework (2.4.6) | [ ]  |
| Product Release (2.4.7) | [ ]  | Environmental Monitoring (2.4.8) | [ ]  |
| Validation and Effectiveness (2.5.1) | [ ]  | Verification Activities (2.5.2) | [ ]  |
| Corrective and Preventative Action (2.5.3) | [ ]  | Internal Audits and Inspections (2.5.4) | [ ]  |
| Product Identification (2.6.1) | [ ]  | Product Trace (2.6.2) | [ ]  |
| Product Withdrawal and Recall (2.6.3) | [ ]  | Crisis Management Planning (2.6.4) | [ ]  |
| Food Defense Plan (2.7.1) | [ ]  | Food Fraud (2.7.2) | [ ]  |
| Allergen Management (2.8.1) | [ ]  | Training Program and Requirements (2.9) | [ ]  |