



Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin

Ollscoil Átha Cliath | The University of Dublin

University of Dublin, Trinity College Supplier Audit - Questionnaire

COMPANY NAME:

ADDRESS:

COMPANY EMAIL:

COMPANY PHONE:

DATED COMPLETED:

COMPLETED BY:

COMPANY CONTACT:

Please return Questionnaire with completed documents

Confidential Record

University of Dublin, Trinity College Food Related Supplier Questionnaire

Please circle YES / NO (as appropriate)

1. **Are your premises approved and registered by the appropriate Government Department or Agency?**
- | | Yes | No |
|--|------------|-----------|
|--|------------|-----------|

- | | | |
|-----------------------------------|-----|----|
| • Registered with Health Board? | Yes | No |
| • With Department of Agriculture? | Yes | No |
| • With Department of the Marine? | Yes | No |
| • Other (please specify) _____ | | |

- State premises registration or license number .

- _____

Please provide a copy of this registration certificate or approval with this document

2. **Has the facility been certified to a recognised Quality Standard?**
- | | Yes | No |
|--|------------|-----------|
|--|------------|-----------|

- | | | |
|---------------------------------|-----|----|
| • ISO 9001 | Yes | No |
| • ISO 22000 | Yes | No |
| • Quality Mark | Yes | No |
| • Q Mark for hygiene and safety | Yes | No |
| • BRC | Yes | No |
| • _____ | | |
| • Other (please specify) _____ | | |

Please provide a copy of the relevant accreditation certificate with this document

3. **Do you have documented and posted Company Hygiene Policy (displayed on the premises)?**
- | | Yes | No |
|--|------------|-----------|
|--|------------|-----------|

4. **Does your company apply the principles of Hazard Analysis(HACCP) to its day-to-day food safety management systems?**
- | | Yes | No |
|--|------------|-----------|
|--|------------|-----------|

5. **Who is responsible for overseeing the HACCP System?**

Name: _____

Title: _____

- | | | | |
|-----|---|-----|-----|
| 6. | Is it Company Policy to resource the running of an in house HACCP team composed of staff members? | Yes | No |
| 7. | Are records of your HACCP team activities and meetings held on file and used during your system reviews? | Yes | No |
| 8. | Are food handling staff provided with training and / or supervision commensurate with their activities? | Yes | No |
| | Are records maintained under the following headings? | | |
| | • Induction Hygiene Records for all Staff | Yes | No |
| | • On going Hygiene Records for existing Staff | Yes | No |
| | • On the job food safety work instruction for Staff | Yes | No. |
| 9. | Do you operate a control system for your suppliers? | Yes | No |
| | Do these controls include procedures such as: | | |
| | • Approved suppliers list? (regularly updated list) | Yes | No |
| | • Suppliers evaluated by questionnaire. | Yes | No |
| | • Suppliers evaluated by site visit. | Yes | No |
| | • Agreed written specifications with suppliers? | Yes | No |
| 10. | Do you keep written check records on raw materials delivered to your premises? | Yes | No |
| 11. | Do you keep cleaning records for food contact equipment utensils and food contact surfaces? | Yes | No |
| 12. | Have these cleaning procedures been formally documented for your trained staff to follow? | Yes | No |
| 13. | Do you keep regular temperature control records for the following (where appropriate)? | | |
| | • Frozen and chilled food storage | Yes | No |
| | • Food cooling (time / temperature) | Yes | No |
| | • Food re-heating (time / temperature) | Yes | No |
| | • Food cooking (time / temperature) | Yes | No |
| | • Food thawing (time / temperature) | Yes | No |
| | • Are temperature probes calibrated at least annually? | Yes | No |
| 14. | Do you operate a Zoning Policy? | Yes | No |
| | Does this include all or any of the following: | | |
| | • Physical separation of raw and processed foods by area | Yes | No |

	• Colour coding of food contact equipment / surfaces	Yes	No
	• Appropriate food cover and storage procedures	Yes	No
15.	Do you operate a strict Personal Hygiene Policy	Yes	No
	Does this policy address the following issues?:		
	• Medical screening and infection control of staff	Yes	No
	• Managed Protective clothing system	Yes	No
	• Strict hand washing procedures	Yes	No
	• Policy on jewellery / perfume / smoking	Yes	No
	• Do staff have adequate changing / toilet & shower facilities	Yes	No
16.	Do you have a managed Pest Control System on site?	Yes	No
	• By a qualified member of staff, or	Yes	No
	• By outside managed contract	Yes	No
	• Pest Inspection reports kept on file	Yes	No
	• Follow up actions on issues arising	Yes	No
	• Bait map of premises with numbered bait points	Yes	No
	• Records of at least annual bulb changes to electronic Fly killer units	Yes	No
17.	Do you monitor water quality and maintain records?	Yes	No
	Is water certified potable? (fit for consumption)	Yes	No
18.	Do you operate Internal Hygiene Audits on your premises and maintain records of same, with evidence of follow up actions as necessary? Please attach sample template.	Yes	No
19.	Are your delivery vehicle/s suitable for the transportation of Foods to our premises?	Yes	No
	Are Cleaning records for vehicles maintained?	Yes	No
20.	Are your delivery staff suitably trained, attired, and equipped for the safe delivery of food?	Yes	No
21.	Do your delivery staff follow appropriate pre-set practices for safe handling and delivery of food?	Yes	No
22.	Can you guarantee chilled food delivery at the following temperatures? (where applicable)		
	• Less than 3°C or 3°C maximum	Yes	No
	• Less than 5°C or 5°C maximum	Yes	No
	• Less than 6°C or 6°C maximum for milk	Yes	No
	• 5°C to 8°C (but delivered within 90 minutes)	Yes	No
23.	Can you guarantee frozen food delivery at the following temperatures? (where applicable)		
	• Less than -22°C	Yes	No

- | | | |
|-------------------|-----|----|
| • Less than -18°C | Yes | No |
|-------------------|-----|----|

24. As part of our policy on continuous improvement will you co-operate with regard to practical product specification implementation and amendments?

Will you co-operate on issues such as:

- | | | |
|--|-----|----|
| • Delivery docket control procedures and checks | Yes | No |
| • Product delivery procedures and checks | Yes | No |
| • Quantity delivered procedures and checks | Yes | No |
| • Food delivery temperatures | Yes | No |
| • Condition of packaging | Yes | No |
| • Status of delivery vehicles | Yes | No |
| • Status of delivery personnel | Yes | No |
| • Time of delivery (pre agreed as per specifications) | Yes | No |
| • Product group/specification number where appropriate | Yes | No |

25. Has your company had any legal proceedings taken against you in relation to food safety issues ?

Yes No

26. Are your products and all ingredients fully traceable back to suppliers? Yes No

27. Do you operate a product re-call system? Yes No

28 Food Labelling

- | | | |
|--|-----|----|
| • Does all labelling comply with current legislation and cover allergens | Yes | No |
| • How do you verify "shelf life" of products- Please detail | | |

29 Are products supplied certified free from genetically modified ingredients or their derivatives ?

Yes No

30. Allergen Labelling

The new Food Information to Consumers (FIC) legislation Regulation (EU) No. 1169/2011 includes new requirements for the way in which allergen information must be displayed. This legislation applies from the 13th of December 2014.

Food businesses should be able to identify the allergenic ingredients present in a food brought into the food business by checking the list of ingredients on the food label or on the accompanying commercial documents

It is "In House" Policy as part of our food safety Hazard Analysis management to work towards continued improvement in the area of Agreed Supplier Specifications and to maintain fair and practical monitoring procedures on goods / services delivered to our premises. Any monitoring procedures carried out at point of delivery will fall within regulatory requirements and where appropriate will have been pre-agreed with the individual supplier.

Please provide a copy of State premises registration or approval with this document.