

SGS V-Label Certification Client Questionnaire

COMPLETION GUIDANCE NOTES:

1. Certification applications and audits will only be completed as part of a V-Label licence application, or for sites already holding a V-Label licence and requiring renewal.
2. On receipt of the completed questionnaire, SGS will process your application and liaise with the relevant V-Label licensor body to ensure that you receive a no obligation proposal detailing the risk assessment, audit and certification process and associated costs.
3. If you are an existing client applying for an extension to scope please indicate additions only i.e. additional activities in the relevant sections of this questionnaire.
4. Please return in electronic format to your SGS contact.
5. Note: only manufacturing sites can have a physical V-Label audit. The audit certificate will be issued in their own name showing only the address of the actual site.
6. Certificates are linked to specific licences in all cases.

COMPANY OR ORGANISATION TO BE AUDITED

Company name:

VAT number:

Address:

Postcode:

Tel No.

Fax No.

Contact name:

Contact e-mail:

Contact position:

V-LABEL LICENCE

If **YES** please answer section A below

If **NO** please answer section B below

SECTION A: If a current licence is held please confirm:

1. Licence number:
2. Scope of certification:

If the licence is specific to a branded or own label product please state the brand owner.

SECTION B: If no licence is currently held please detail:

1. The date of the licence application to V-Label partner:
2. The V-Label partner:
3. The current status with regard to the licence application:

OTHER CERTIFICATIONS

Please indicate any third-party certification you already have. Please provide a copy of latest certificate if already certificated.

CERTIFICATION (E.G. BRC, FSSC, SQF, IFS, ETC)

CERTIFICATION BODY (E.G. SGS)

TIMESCALE FOR CERTIFICATION OR ANTICIPATED AUDIT DATES

If already certificated, the "certification required by" date is the due date on your current certificate.

Certification required by:

TYPE OF FACILITY

Is your site a dedicated vegan/vegetarian facility?

If NO, please answer the question below.

What is the mix and volume of vegan/vegetarian products and non-vegan/vegetarian products manufactured at your facility?

COMPANY PROFILE

Please complete fully as this information determines the audit time.

Plant/facility size:

What are the key processes on site?

No. of employees:

No. of HACCP:

Plant/facility size (metres square including storage on site), No. of employees (as maximum number of full time equivalent employees per main shift including seasonal workers.), No. of HACCP studies in the scope (a HACCP study relates to a family of products with similar hazards and similar production technology), What are the key processes on site (please include all key manufacturing techniques e.g. pasteurisation, powder packing etc.)

SCOPE/PROCESSES/LOCATIONS TO BE CERTIFICATED

What is the required scope of certification?

(Detail product/s manufactured and key processes)

Exclusions – detail any product lines/operations to be excluded from certification.

Reason for exclusion.

Detail any operations included in the scope that are performed on another site.

Is warehousing on site?

If warehousing is off-site and managed by the same team as the main site please detail size of site and distance from the main site.

Is any part of the process sub-contracted? If yes, please detail the V-Label certification or controls applicable to this part of the operation.

PLEASE SIGN BELOW

Return the completed form to ukenquiries@sgs.com

Full name:

Date:

WHEN YOU NEED TO BE SURE

SGS