

INSPECTION GUIDELINE FOR CERTIFICATION BODIES

Nº:

Name or Social Reason:		ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name/s of the person/s interviewed:		Charges:								
1.		1.								
2.		2.								
Last visit date:		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Start time: <input type="text"/> : <input type="text"/> h.			
Current date:		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	End time: <input type="text"/> : <input type="text"/> h.			

1. GENERAL FEATURES

	YES	NO
1.1. The observations of the previous audit are fulfilled.	<input type="checkbox"/>	<input type="checkbox"/>
1.2. The relevant changes in the functions or structure of the O.C. were informed to the Service in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>
1.3. The authorization of use and administration of the official seal is renewed between January 2 and 10 of each year (including the payment of the fee).	<input type="checkbox"/>	<input type="checkbox"/>
1.4. The annual report of its activities is delivered as of June 30 of each year.	<input type="checkbox"/>	<input type="checkbox"/>
1.5. Number of operators with certificates granted to date.	<input type="text"/>	According to annual report: <input type="text"/>
1.6. Number of certified establishments to date.	<input type="text"/>	According to annual report: <input type="text"/>

2. CERTIFICATION BODY OPERATION

	YES	NO	N/A
2.1. Action taken when the operator has sanctioned by SAG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Unannounced visits are made to at least 10% of operators.	<input type="checkbox"/>	<input type="checkbox"/>	
2.3. Sampling is carried out to determine pesticide residues at minimum 5% of the certified operators.	<input type="checkbox"/>	<input type="checkbox"/>	
TYPE OF SAMPLE	Totals	Positive	Negative
Nº of samples of Multi-residue in fruits/vegetables.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nº of samples of Multi-residues in water.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nº of samples of Multi-residues in soil.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nº of samples of Multi-residues in plant tissues.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nº of samples of Fosetyl in fruit and vegetable products.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4. Measures were taken in the case of positive results.	<input type="checkbox"/>	<input type="checkbox"/>	
2.5. In the case of operators with positive results, request the list.	<input type="checkbox"/>	<input type="checkbox"/>	

3. QUALITY CONTROL SYSTEM (Audits)

	YES	NO	N/A
3.1. The OC has received an Internal Audit since the previous SAG visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. The non-conformities or observations of said Audit were corrected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3. OC conducted trainings to its inspectors in the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. STRUCTURE AND ORGANIZATION ISO 17.065

	YES	NO	N/A
4.1. They have a record of claims, controversies, appeals or complaints from clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2. If it exists, the CB executed actions with the operator involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3. There is a rotation plan for inspectors visits to operators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. DECISION ON CERTIFICATION

	YES	NO	N/A
5.1. Risk assessments are carried out on certified operators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2. Based on this risk assessment, the riskiest operators were prioritized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3. OC Evaluation Unit performed observations to OC Inspection Unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nº:

YES NO N/A

- ## 7. EVALUATION OF THE CERTIFICATION PROCESS

8. RESULT OF THE ACTIVITY

DISEÑO: DEPARTAMENTO DE COMUNICACIONES Y PARTICIPACIÓN CIUDADANA SAG.