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| **Part 1: Business Information** | |
| Operator/Company Name: |  |
| Resource Person Name: |  |
| Address of Facility: |  |
| Email:  Phone: |  |
| Postal Address(If Different) |  |
| **Part 2: Facility Information** | |
| Food Safety Management representative: |  |
| Position with organization |  |
| Email  Mobile Number |  |
| Have you applied Gluten Free Certification Before? | Yes No  If Yes, Name of Certification Body: ……………………………… |
| Gluten Free Facility | Dedicated ❑ Non-Dedicated ❑ |
| Please list all product produced at your facility |  |
| List the Product containing wheat ,Rye and Barley- |  |
| Are you currently certified to a food safety and/or management standard if any? | Yes No  Standards Name:  Name of Certification Body:  Certificate Validity: |
| Particulars | YES ❑ NO ❑ NA ❑ |
| Do you have a system in place to verify that incoming ingredients are gluten-free (below 10ppm)? |  |
| Whether the wheat, rye and Barley products packed and or processed in the unit |  |
| Whether the flour products are processed in the same machine |  |
| Do you have a system in place to ensure that gluten-free ingredients are not contaminated in storage? |  |
| Do you have cleaning and sanitation measures in place to prevent contamination of gluten-free ingredients and products from food contact surfaces? |  |
| Do you have procedures in place to ensure that gluten-free products are not contaminated during manufacturing and handling? |  |
| Do you have a testing system in place to verify that finished products produced test below 10ppm for gluten? |  |
| Do you maintain records regarding gluten-free ingredients and production, on-site and organized in a manner that can be fully audited and available? |  |
| Do you maintain written policies and procedures regarding your gluten-free production? |  |
| Do you perform documented employee training regarding gluten-free policies and procedures? |  |
| Can ingredients in your finished product be traced-back to their suppliers? |  |
| Does your operation have a system in place to conduct a mock-recall? |  |
| Do you have a HACCP plan in place that addresses gluten and/or allergens? |  |
| Do you have a written corrective action plan in place in the event that internal gluten-free product tests are above 10ppm? |  |

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| Signature |  |
| Name of Representative |  |

List of documents to be attached:

1.Legal Status

2.Prodcut list –single ingredient

3.Product list of Multiingredient product with all the ingredient details

4.Any Other Food certificate