

INSPECTION REPORT FORM

(For Head Office / Corporate Office of FBO/ Multichain operator/ Retailer functioning in 2 or more States for issuance of Central License)

Date of Inspection:	
Name of Food safety Officer:	
Name of the Establishment:	
Address of premises:	
Tel. No.: Fax No.:	
Category of license	
E-mail address:	
Name of the Manager/ Authorized Signatory:	
Kind of Business:	
Type of business ownership	Limited/ Private limited/ Public sector Undertaking/ Co-operative/ Partnership/ proprietorship/ other

Note: To be used in duplicate. One copy to be given to the applicant after the completion of inspection.

Checklist for inspection of Head Office/ Corporate Office of FBO/ Multichain-operator/ Retailer functioning in 2 & more States for issuance of Central License

1. Details of all the Units

S. No.	Address	Type of Activity	Capacity	Turnover	License from (Central or State)

2. Details of Collective Monitoring systems for all units

3. Details of overall FSMS Plan / Certificates

4. Details of documentation & records (Documentation control & retention)

5. Food Safety objectives, policy & awareness of top management

6. Food Safety Targets

7. Details of Transportation system/ Storage system/ Handling System

8. Recall Plan