Questionnaire for issuing offer (FSSAI Mandatory Third Party Audit)

Details of FBO:

Sr. No	Food Business Operator (FBO) Details	
1.	Name of FBO	
2.	FSSAI License Number (Central/State)	
3.	Operational Site Address	
4.	Contact Person Details : 1- Name :- 2- Designation :- 3- Email address :- 4- Mobile Number :-	
5.	Scope (Kind of Business as per FSSAI License)	
6.	Capacity of Plant	
7.	Number of Production Lines	
8.	Number of Product Groups	
9.	Number of HACCP Study	
10.	Number of Employees / Food Handlers	
11.	Food Retail/ Warehouse/ Storage (Area Sq. ft.)	
12.	FSMS (ISO 22000)/FSSC 22000 Certification details if any	
13.	GSTN No. if any	
14.	Proposed date of Audit	

Authorized Signatory
(Name)
(Sign & Seal)