

Intake form for Auditor
(to be filled by Contact person of auditing agency)

I.	FBO Details	
1.	Name of the FBO:	
2.	License Number:	
3.	Address:	
4.	Name of Contact person from FBO:	
5.	Scope (Kind of Business):	
6.	No of Production lines/Product Groups:	
7.	Number of Employees/Food Handlers:	
8.	Area of storage:	
9.	Agency empanelled for Consultancy(if any) :	
10	Agency empanelled for training(if any) :	
II.	Agency Details	
1.	Name of Auditing Agency:	
2.	Recognition Number:	
3.	Name of Auditor detailed for audit:	
4.	Contact Details of Auditor:	
III	Audit Details	
1.	Audit Date Scheduled:	
2.	No. of Man-Days Fixed:	
3.	Auditor Fee per Man- Day:	
4.	Date of sending Audit Plan:	