

# ENGINEERING CONTRACTOR FOOD-SAFETY ASSESSMENT

## AFME-BRC-ENG-F05

Pre-approval and performance assessment for contractors whose work can affect the food manufacturing environment.

|                |                      |                |               |
|----------------|----------------------|----------------|---------------|
| Site / Company | [Enter site/company] | Date           | [dd/mm/yyyy]  |
| Department     | Engineering          | Completed by   | [Name / role] |
| Area / Asset   | [Enter]              | Reference / WO | [Enter]       |

### 1. Contractor details

|                           |           |
|---------------------------|-----------|
| Contractor company        |           |
| Service / trade           |           |
| Site contact / supervisor |           |
| Scope of work             |           |
| Areas / hygiene zones     |           |
| Approval period           | From: To: |

### 2. Pre-approval assessment

| Check                    | Requirement / question                                                       | Y                        | N                        | N/A                      | Evidence / action |
|--------------------------|------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Technical competence/qualifications verified.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Required statutory certification/authorisation current where applicable.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Insurance/business approval checked by site.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Can comply with hygiene, clothing, zoning and hand-hygiene rules.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Understands product protection/open-product restrictions.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Tool, parts, fastener, blade and foreign-body controls adequate.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Chemicals/lubricants/sealants/consumables will be approved before use.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Relevant permits and isolations will be used.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Understands reporting for breakage, spills, missing items and contamination. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Cleaning/post-work clearance expectations understood.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | Subcontractors subject to equivalent controls.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| <input type="checkbox"/> | RAMS/task risk assessment includes relevant food-safety controls.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |

### 3. Approval decision

|                                    |                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Risk rating                        | <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High                   |
| Approval                           | <input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Not approved |
| Conditions / supervision           |                                                                                                              |
| Approved activities / restrictions |                                                                                                              |
| Review / expiry date               |                                                                                                              |

### 4. Performance review

| Criterion                      | Good                     | Acceptable               | Poor                     | Evidence / comments |
|--------------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| Hygiene / zoning               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |
| Tool / foreign-body control    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |
| Permit / isolation discipline  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |
| Work quality / hygienic finish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |
| Housekeeping / clearance       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |
| Communication / reporting      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                     |

**Authorisation / sign-off**

| Role                        | Name | Signature / approval | Date |
|-----------------------------|------|----------------------|------|
| Engineering Manager         |      |                      |      |
| Technical / Food Safety     |      |                      |      |
| Procurement / Site Approval |      |                      |      |