QACS International Pvt. Ltd.

APPLICATION FORM For HRA

Date of Application											
Company Name											
Address											
Activity	Catering					Bakery/Retail shop					
Employee No	Permanent		On roll / contract		Helpers		Cleaning/ house keeping		Total effective food handler	
	Peak	Normal	Peak	Normal	Peak	Normal	Peak	Normal	Peak	Normal
Peak period/ season				Normal period/ season						
Telephone Number				Fax Number						
e-mail				Tax number						
Contact person				Work timing						
FSSAI License No				Validity of License						

Sl.	Apparatus available	Calibrated	
1	Thermometer -25° to 125^0 C	Yes	NO
2	Torch of 800 Lumen	Yes	NO
3	Magnifying glass	Yes	NO
4	Stop Watch/ Mobile stop Watch	Yes	NO
5	Digital Camera / Mobile camera of 10 MPX	Yes	NO

Confirmation

Contact Name :
Position : Signature:

Application Review

Activity	Catering			Bakery/Retail shop						
Employee No				**Man days Required**						
Appratus available	**Thermometer**	**Yes**	**NO**	**Mangnifing glass**	**Yes**	**NO**	**Torch**	**Yes**	**NO**	
Can apparatus be used in emergency		**No**	**Yes**	**If Yes Then thermometer should be site calibrated in melting ICE at 0° C**						
Approved HRAA										
Audit date Scheduled										
Date of Review	**Signature SME/Technical Manager**									