**Form AQD1**

**Dairy Services Request Form**

Please use **Form AQD2 – Advice of Changes to Dairy Premises** for building of new dairy premises or significant changes to existing dairy premises including stores. This **AQD1** form to be used for any other service requests.

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| **Date:** | | |
| Company Details | | |
| Company Name: | | |
| Site / Plant (if applicable): | | |
| RMP No. & Unique Location Identifier(s): | Purchase Order No (if applicable): | |
| Physical address of premises: | | Postal address: |
| Key Contact: | | Phone No:  Fax No:  Email: |

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| --- | --- | --- | --- |
| 2. Service Requested (please indicate) | | | |
|  | Evaluation of RMP – *complete section 3* |  | Validation of RMP – *complete section 3* |
|  | Heat Treatment Validation – *complete section 4* |  | Heat Treatment Evaluation – *complete section 4* |
|  | Heat Treatment Operational Check – *complete section 4* |  | Heat Treatment Independent System Audit – *complete section 4* |
|  | GMP / Pre-start Assessment – *complete section 5* |  | Other – *complete section 5*: |

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| --- | --- |
| 3. RMP Details | |
| New RMP or Significant Amendment *(Denote one)* | Required MPI Registration Date: |
| RMP No: | Version No. & Date: |
| Summary of changes if amendment has been made: | |
| If only an evaluation is required, has the RMP been validated? Yes No  (Please supply a copy of the validation report – or date it will be completed) | |
| Please indicate preferred timelines or applicable deadlines: | |

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| 4. Heat Treatment Details |
| Scope of service required: |
| Please indicate number and type of heat treatment/pasteuriser units requiring service: |
| Please indicate date preferences: |

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| 5. Service Details |
| RMP No. & Relevant ULI’s: |
| Scope of service required: |
| Please indicate date preferences: |

**Please send in electronic form to:** RA@asurequality.com

With Subject Line containing:

**Request for Dairy Services**: Company and key words defining the project

**Please submit your RMP and/or supporting documents (as applicable) for validation/evaluation with this completed form – or advise when they will be supplied.**

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| AsureQuality Use Only |  |
| Date received: | Receipt confirmed: |
| Allocated to: | AP Advised: |
| Any COI Restrictions? Yes No | Within current Approved Scopes? Yes No |
| Service covered by contract? Yes No | PON Requested / Received |
| Pricing Provided: | |
| Updated by & Date: | |