QACS-R-08 Rev 02 dated 25/08/2023

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 -25o to 1250 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 0o C** | | | | | | | |
| **Approved HRAA** | | |  | | | | | | | | | | | | | | |
| **Audit date Scheduled** | | |  | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | |
| **Date of Review** | | | **Signature SME/Technical Manager** | | | | | | | | | | | | | | |