

## Record sheet for auditors

(Please fill in completely and legibly!)

**Relevant documents for the approval of auditors have to be submitted at the latest 6 weeks before the training.**

**Only complete applications can be processed.**

- First approval**
 **Reapproval**  
 **Extension of approval**

### A. Applicant

**Name of certification body:** \_\_\_\_\_

**Name of responsible person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### B. Auditor

**Last name:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Personal email address auditor:** \_\_\_\_\_

**Professional degree  
(Proof required):** \_\_\_\_\_

**in each case with proven knowledge of agricultural livestock production/meat sector**

**A minimum of 2 years of professional experience in the field of animal production, namely:**

\_\_\_\_\_

Area of approval	Approval is requested for
Agriculture Pig	<input type="checkbox"/>
Agriculture Poultry	<input type="checkbox"/>
Agriculture Cattle	<input type="checkbox"/>
Meat Sector	<input type="checkbox"/>

**Enclosures:**

	Yes	No	Comments	To be submitted until
Proof of professional degree (copy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of a minimum of two years of professional experience in livestock production/ meat sector	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Curriculum vitae	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of auditor training (copy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
List of qualified audits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
If necessary, certificates of competence	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of internal training by the certification body	<input type="checkbox"/>	<input type="checkbox"/>	_____	<b>Conducted on:</b> _____
Declaration of Consent regarding the use of personal data	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Registration for training by the sponsoring company	<input type="checkbox"/>	<input type="checkbox"/>	_____	<b>Date of training:</b> _____

Other/comments: \_\_\_\_\_

**We confirm the accuracy of the information in the application and the enclosures.**

Date: \_\_\_\_\_

Signature of the responsible contact person of the certification body: \_\_\_\_\_

## List of qualified audits

Surname, first name: \_\_\_\_\_

Registered certification body: \_\_\_\_\_

No.	Date	Sector/stage	Company	Scope/standard	For QS-audits: Location number and production scope
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Date: \_\_\_\_\_

Signature of the responsible contact person of the certification body \_\_\_\_\_

**Gesellschaft zur Förderung des Tierwohls in der Nutztierhaltung mbH**

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