**APPLICATION FORM For HRA**

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| --- | --- |
| Date of Application  |  |
| Company Name |  |
| Address |  |
| Activity  | Catering | Bakery/Retail shop |
| Employee No  |  |
| Telephone Number |  | Fax Number |  |
| e-mail |  | Tax number |  |
| Contact person  |  | Work timing |  |
| FSSAI License No  |  | Validity of License  |  |
| Sl. | Apparatus available | Calibrated |
| 1 | Thermometer 0o to 1000 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** |