



## DETERMINATION QUESTIONNAIRE

### PART 4: GOOD MANUFACTURING PRACTICES

Corporate Name: \_\_\_\_\_ Factory: \_\_\_\_\_  
Address: \_\_\_\_\_

#### 1 EMPLOYEES AND WORKERS

1.1 Are all of our employees and workers well trained and qualified?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.2 Does all staff wear clean clothing, including clean shoes?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.3 Does staff make sure their hands are clean before returning to work?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**1.4 Are strategically-placed washbasins and drinking fountains available to personnel, in order to ensure that hands are washed and personnel who desire drinking water have it available?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.5 Are notices posted in all bathrooms to ensure hands are washed after using the bathroom?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.6 Based on their outward appearance, do all personnel assigned to the production area appear free of contamination risks to the product?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.7 Does the staff assigned to processing areas and critical areas avoid using or wearing objects which could easily detach and contaminate the product or put their personal security at risk?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.8 Is transit by all personnel through different departments or areas appropriately controlled in order to avoid any risk of contamination to the product?

\_\_\_\_\_ YES \_\_\_\_\_ NO

1.9 During your inspection, did you observe that all staff appears free of visible symptoms of contagious or non-contagious diseases, or sores, of which the original cause is unknown but which could pose a contamination risk to the product?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**1.10 Was a General Medical Exam conducted on all new personnel before they were assigned to their positions and, likewise, is a yearly General Medical Exam conducted on all working staff?**

\_\_\_\_\_ YES \_\_\_\_\_ NO



**OBSERVATIONS MADE DURING COURSE OF INSPECTION :**

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**2 FACILITIES/SECURITY**

**2.1 Are all indoor areas of the company free of scrub, brush, garbage or waste or any type of material which could pose a security risk to the facilities or which could cause contamination?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**2.2 Are the facilities free of stagnant water which could lead to the proliferation of pests or contamination or security risks?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**2.3 Does the company have safety rules, both for internal staff and visitors?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**2.4 Are there special procedures for all staff handling the finished product and for maintenance staff in place to avoid contamination of the product and to guarantee the safety of the facilities, respectively?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**2.5 Have work methods been established to separate different types of waste?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**OBSERVATIONS MADE DURING COURSE OF INSPECTION:**

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### 3 ACCESS TO FACILITIES AND RESTROOMS/UTILITIES

3.1 Do the areas where finished products are handled have access points that are appropriately protected as a safeguard against the entry of contaminating material such as dust, insects, etc.?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3.2 Are the facilities' indoor areas free of any evidence of dogs, cats or other domestic animals?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3.3 Are the restrooms available to workers and employees clean and appropriate?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3.4 Is the water used for diluting tequila suitable for drinking, distilled and/or demineralized, and has it been tested through testing methods undertaken by the company's own testing facilities or other testing facilities recognized by the corresponding authorities?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3.5 Is the procedure governing safety conditions which visitors must follow when they visit the company's facilities posted in a visible area, thus ensuring that any risk of accidents or contamination of the finished products will be avoided?

\_\_\_\_\_ YES \_\_\_\_\_ NO

#### OBSERVATIONS MADE DURING COURSE OF INSPECTION:

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### 4 INDUSTRIAL EQUIPMENT

4.1 Is the equipment used during direct handling of the product, whether finished or during processing, subjected to effective cleaning maintenance/service guaranteeing the finished product's safety with respect to sanitary issues?

\_\_\_\_\_ YES \_\_\_\_\_ NO

4.2 Is all operating equipment free of problems which might indicate that the conditions for which it was designed are not being met, or that due to provisional servicing of such equipment, the corresponding safety measures are not being met?

\_\_\_\_\_ YES \_\_\_\_\_ NO

4.3 Is there evidence that the equipment is being operated by duly trained staff qualified to operate such equipment, and that the operator, co-workers and facilities are not at risk?



TEQUILA \_\_\_\_\_ YES \_\_\_\_\_ NO

4.4 Have preventive maintenance schedules/programs been established for all operating equipment?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

4.5 Are procedures and records in place which establish the maintenance/servicing required for all equipment, as well as maintenance routines which ensure the equipment's adequate operating conditions?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**OBSERVATIONS MADE DURING COURSE OF INSPECTION:**

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**5 HYGIENE/SANITATION FACILITIES**

5.1 Within the facilities, are there enough garbage bins or containers for all waste material produced on a daily basis and are such containers placed and distributed in strategic locations?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**5.2 Within the facilities, are there indications regarding specific areas for eating or smoking and do the workers respect such indications?**  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5.3 Are there effective cleaning procedures for restrooms and eating areas in place for the end of each shift/ period of use in order to avoid pests, contamination and risk of disease?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5.4 Is the garbage in all waste bins disposed of on a daily basis and sent to duly protected, remote areas in order to avoid environmental pollution and pest proliferation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5.5 Are all cleaning materials and equipment stored in designated areas when not in use?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5.6 Is the cleaning water used for equipment latinization potable and is it obtained from a deep-water well or a municipal well and are the permanent requisite testing controls in place to guarantee such water's quality?  
\_\_\_\_\_ YES \_\_\_\_\_ NO



5.7 Are the facilities' ceilings, floors and walls free of humidity or dampness which could lead to pest proliferation, risking product contamination?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5.8 Are procedures in place to verify that the cleaning products being used do not leave residue which could contaminate the product or pose a health risk to consumers?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5.9 Does the cleaning staff have all necessary tools and equipment for such activity and do such tools and equipment protect the cleaning staff from contracting any infection or disease?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5.10 Do all supervisory/managing staff provide the necessary support to the staff responsible for cleaning and sanitation duties within the facilities, in order for such duties to be carried out in the most efficient manner?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**OBSERVATIONS MADE DURING COURSE OF INSPECTION:**

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**6 PEST CONTROL**

6.1 Has the company established fumigation schedules specifying the pests to be exterminated/targeted?

\_\_\_\_\_ YES \_\_\_\_\_ NO

6.2 Are there records of follow-up measures regarding pest control programs within the facilities, as well as the result of such programs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**OBSERVATIONS MADE DURING COURSE OF INSPECTION:**

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**TEQUILA**  
CONSEJO REGULADOR DEL

**COMMENTS ON THE COMPANY SUBJECT TO VERIFICATION**

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**DATE ISSUED:** \_\_\_\_\_

**TRC**

**FACTORY MANAGER/  
PERSON RESPONSIBLE**

\_\_\_\_\_  
**NAME AND SIGNATURE**

\_\_\_\_\_  
**NAME AND SIGNATURE**