

Food Safety Application Form

SECTION 1: GENERAL INFORMATION

Company Name:			
Address:			
City/State:		Zip Code:	
Primary Contact:		Phone No.:	
Email Address:		Fax No.:	
Legal Status: <i>(e.g. LLC, Inc., etc.)</i>	Specify,	Cell No.:	
Have you completed an on-site pre-assessment and/or gap analysis:			
Buyers requesting certification:			
Provide an estimated date of certification:			
Language you prefer the audit to be conducted in:		<input type="checkbox"/> English or <input type="checkbox"/> Spanish (check one)	

SECTION 2: CHOOSE A PROGRAM *(check applicable box(es))*

<p>SQF (Safe Quality Foods) (check one) <input type="checkbox"/> 1000 or <input type="checkbox"/> 2000 Identify Level (1, 2, or 3) _____ <input type="checkbox"/> Multi-site Certification</p> <p>List Food Sector Category: _____</p> <p>List of categories can be found here: http://www.sqfi.com/wp-content/uploads/FSC.pdf</p>	<p>GLOBALG.A.P. Check one: <input type="checkbox"/> IFA (Integrated Farm Assurance) <input type="checkbox"/> PFA (Primary Farm Assurance)</p> <p>Check one: <input type="checkbox"/> Single Site or <input type="checkbox"/> Multi-Site</p> <p><input type="checkbox"/> TN10 (Tesco Nurture)</p>	<p>British Retail Consortium <input type="checkbox"/> BRC</p> <p>List Category: _____</p> <p>BRC Product Categories are located in the BRC Global Standard. Visit www.brcglobalstandards.com for more info</p>
<p><input type="checkbox"/> GAP (Good Agricultural Practices)</p>	<p><input type="checkbox"/> GMP (Good Manufacturing Practices) Add on to GMP audit: <input type="checkbox"/> With HACCP</p> <p>_____ Indicate the type of facility <i>(e.g. packing shed, cold storage, cold storage with repacking, processing, etc.)</i></p>	<p>National Organic Program <input type="checkbox"/> Organic Grower <input type="checkbox"/> Organic Handler <input type="checkbox"/> Organic Co-Packer/Private Label</p>

SECTION 3: SITE DETAILS

For Processors & Handlers - Provide the following information for each site you want audited. *For more than 5 sites, please list all sites in an attachment with the following information.*

Facility Name	Facility Address	City, State, & Zip	Estimated Square Footage	Products (Included in Scope)
Total # of production lines:	Total # of employees:	Total # of HACCP Plans included in scope:	Total # of Quality Plans included in scope:	
Production season for product(s) included in scope:				

For Growers - Provide the following information for each site you want audited. *For more than 5 ranches/fields, please list all sites in an attachment with the following information.* Please provide a map of your ranches/fields if there is no specific address. **For GLOBALG.A.P. clients, please list the acreage per crop.**

Ranch and/or Field Names	Address, City, ST, & ZIP	Field Acreage	# of Harvest Crews	Harvest Dates	# of Packing Sheds (N/A if field packed)	Crops Covered or Uncovered (please specify)	Crop Names

Please identify other SCS services that may be of interest to your company:

- Pesticide Testing
- Microbiological Testing
- Training (HACCP, Food Safety & Quality, SQF)
- Social Auditing / Sustainability Services

SECTION 4: AFFIRMATION

I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified, as well as to comply with all relevant standards.

Print Name:

Signature:

Title:

Date:

Please send this signed application to SCS to receive a Quote for Service.

For more information call Nova Sayers

Tel 510.452.9083 Fax 510 452-6897