

Form# 004C
 By KK
 Date 8/22/23
 Revision# 000
 Supersedes New

Cannabis Safety Standard Application



1- CLIENT INFORMATION

If not-applicable, place an NA inside the field box

COMPANY NAME (legal entity)			
COMPANY ADDRESS: City, State, Zip Code			
COMPANY PHONE NUMBER		COMPANY WEBSITE	
CONTACT NAME (legal Entity)		TITLE	
PRIMARY CONTACT: Name, Phone, Email			
BILLING ADDRESS: City, State, Zip Code			
BILLING CONTACT: Name, Phone, Email			

2- SCOPE OF CERTIFICATION

Provide a summary of the site and what the entire scope of the audit will consist of. If any activity occurs off-site, please include details.

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3- PRODUCTS / COMMODITIES

(List all products)

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4- AUDIT INFORMATION

1	Select Certification Audit Type:	
	Initial Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Recertification Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Multi-Site Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Is this your first audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If Yes, would you like a pre-assessment audit prior to your certification audit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	If No, what type of audit have you completed	
5	Are you transferring from another Certifying Body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Are you applying for an announced or unannounced audit?	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
7	Provide requested Audit date range	
8	Are there any addendums or other services required during the audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide more information:	
9	Do you have a current copy of the audit standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4- SITE INFORMATION

FACILITY INFO

10	Number of operations	Total Square Footage	Months of Operation
11	Total number of employees	Total number of shifts	Hours of Operation
12	Are any raw material, ingredients or finished product stored off-site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide more information:		

FARM / FIELD INFO

(leave all fields blank if section is not applicable)

13	Number of Acres	Months of Operation (pre-harvest)	Months of Harvest
14	Number of Field Employees:	Number of Harvest Crews	Number of Harvest Employees

By signing below, you confirm that the above information is complete and correct to the best of your knowledge and you agree to comply with the requirements of the audit standard as well as supply any information required during the certification process.

Signature of Legal Entity:		Date:	
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CCI Use Only

CCI Representative:		Date:	
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