



Non-GFSI Application

Form# 004d
 Revised By LD
 Revision Date 2/15/16
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 Supersedes New

Thank you for applying for a Non_GFSI audit with Ceres Certifications, International. You will find all checklists associated with a Standard GMP or GAP audit by clicking on our website at www.ceresci.com under Services_Non GFSI.

CCI prohibits discrimination in employment & services provided on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, or sexual orientation.

CLIENT CONTACT DETAILS

COMPANY NAME (LLC, Corp, etc.)			
AUTHORIZED CONTACT		TITLE	
PHYSICAL ADDRESS (also provide ranch/field addresses)		MAILING / BILLING ADDRESS	
PHONE NUMBER		FAX NUMBER	
MOBILE NUMBER		EMAIL ADDRESS	

CERTIFICATION INFORMATION

1	Has your organization ever completed a Food Safety non-GFSI audit? If so, what type? If yes, when and who was your CB?	<input type="radio"/> Yes <input type="radio"/> No
2	Has your organization ever failed a third-party certification inspection? If so, please give details: If yes, please provide details:	<input type="radio"/> Yes <input type="radio"/> No
3	What type of non-GFSI level audit are you applying for (please be specific)	
4	When do you believe you will be ready for inspection (provide estimated date)?	
5	Is this inspection required for a specific purpose or client? If yes, please specify name of client/supplier:	<input type="radio"/> Yes <input type="radio"/> No
6	Do you have a current copy of the checklist documents? <i>Forms available via website @ www.ceresci.com.</i>	<input type="radio"/> Yes <input type="radio"/> No

AUDIT SCOPE

7	What is the entire scope of your operations and commodities requesting to be audited: (Please be very specific)		
8	What method of operation/site are you wishing to certify? <i>Check as many boxes that apply.</i>		
	FIELD OPERATIONS: <input type="checkbox"/> Ranch <input type="checkbox"/> Greenhouse <input type="checkbox"/> Harvest Crew FACILITY OPERATIONS: <input type="checkbox"/> Cooler/Cold Storage <input type="checkbox"/> Packinghouse <input type="checkbox"/> Processing <input type="checkbox"/> Storage & Distribution		
9	FIELD INFO:	Number of Ranch/Farms (Fields) to be audited:	Size per Field (acres): Months of Harvest:

10	HARVEST CREW INFO:	Number of Harvest Crews (HC) to be audited:	Name of Harvest Crews:	Number of HC Employees:
11	FACILITY INFO:	Number of Operational /Facility lines to be audited:	Size Processing, Packinghouse or Storage Warehouse Facility: (square feet):	Months of Operation:
		Number of Coolers and/or Storage facility to be audited:	Size per Cooler (square feet):	Size per Storage WH (square feet):
12	Have you identified any CCP's within your HACCP plan?			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
13	If you have identified any CCPs, what are they?			
14	If you don't have a HACCP Plan, do you have a written Hazard Analysis justifying no CCP's exist?			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
15	List all products / commodities (conventional & organic) requesting to be audited: <i>(commodities should be witnessed during audit).</i>			
16	Do you have at least three months worth of documentation to provide during audit? (i.e., water testing records, daily logs, etc.).			<input type="radio"/> Yes <input type="radio"/> No
17	Do you have a current site map of location(s)? If so, please provide.			<input type="radio"/> Yes <input type="radio"/> No
18	Do you have any activities at any locations other than your primary operation? Include all premises, support buildings, etc.			
	If yes, please explain:			<input type="radio"/> Yes <input type="radio"/> No
19	What do your supplier (s) operations consist of (i.e.,, packaging, chemicals, etc.)? Please provide a list of suppliers.			
20	How did you hear about CCI?			

By signing below you certify the above information is complete and correct to the best of your knowledge and that you agree to comply with the requirements for certification as well as supply any information required during the certification process. Please email, fax, mail your completed form to CCI. Email: kari@ceresci.com Fax: 715-861-6460 Address: PO Box 031, Chippewa Falls, WI 54729

Signature of Authorized Representative	Date
Reviewed by:	Date: <i>(for Office Use Only)</i>