



## Primus Standard Audit (PSA) Application

Form# 004f  
 Revised By LD  
 Revision Date 7/1/21  
 Revision# 001

The Primus Standard Audit Scope is focused on the Food Safety of those Agricultural sector products (including horticultural, grains and pulses. With that intention, Primus Standard Audits establish a series of requirements for managing the production, handling, processing and storing operations

Please complete this application and return it to CCI by email, fax or mail. If you have any questions, please contact CCI. Thank you!

Please check one applying for:  Primus Standard GAP  Primus Standard GMP with HACCP  Primus Standard GMP without HACCP

### CLIENT CONTACT DETAILS

<b>COMPANY NAME</b> (LLC, Corp, etc.)			
<b>AUTHORIZED CONTACT</b>		<b>TITLE</b>	
<b>PHYSICAL ADDRESS</b> (also provide ranch/field addresses)		<b>MAILING ADDRESS</b>	
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>	
<b>MOBILE NUMBER</b>		<b>EMAIL</b>	
<b>LANGUAGE</b>	<input type="checkbox"/> English <input type="checkbox"/> Other		

### BILLING INFORMATION

<b>BILLING CONTACT</b>		<b>BILLING ADDRESS</b>	
<b>BILLING PHONE NUMBER</b>		<b>EMAIL</b>	

### CERTIFICATION INFORMATION

1	Has your organization ever completed a Food Safety audit through an accredited certification body (CB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when and who was your CB?	
2	Has your organization ever failed a third-party certification or FDA inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:	
3	Do you have an Independent Verifier or Food Safety Consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide name and email address:	
4	Approximately when would you like to schedule the audit (provide estimated month and/or date)?	
5	Do you have a current copy of the normative documents? (e.g, Primus Standard regulations, checklists, guidelines).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you have a current site map of location(s)? If so, please provide.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	What is the scope of the audit consist of? List all products/commodities (conventional & organic) to be audited.	

An audit can not be performed if the commodities are not present in the field and/or your operation is not running during the audit. Where a commodity is not present at the time of the audit but the operation wishes to include it in the certification scope of their audit it may be considered if the commodity is considered to have similar growing processes as to what is going to be audited, and the same personnel involved.

8	What method of operation/site are you wishing to certify?
	<b>GMP FACILITY OPERATIONS:</b> <input type="checkbox"/> Processing <input type="checkbox"/> Packinghouse <input type="checkbox"/> Cooling / Cold Storage <input type="checkbox"/> Storage & Distribution <b>GAP FIELD OPERATIONS:</b> <input type="checkbox"/> Farm <input type="checkbox"/> Harvest Crew <input type="checkbox"/> Indoor Agriculture

### FIELD INFO:

<b>9</b> Number of Farms (Fields) to be audited:	Size per Field (acres):	Months of Harvest:	Number of Field Employees:
Are your fields being audited contiguous?			<input type="checkbox"/> Yes <input type="checkbox"/> No

HARVEST CREW INFO:			
10	# of Harvest Crews (HC) to be audited:	Name of Harvest Crews:	# of HC Employees:
11	What type of Water Source and/or Irrigation type is used?		
FACILITY INFO:			
12	Number of Operational /Facility lines to be audited:	Size of entire Facility (sq. feet):	Months of Operation:
	Number of Coolers and/or Storage to be audited:	Size per Cooler (sq. feet):	Hours of Operation:
13	Do you have a HACCP Plan? (Mandatory for Processing Audits)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
14	Do you have a written Hazard Analysis justifying why CCP's do or do not exist?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	If yes, please explain:		
15	Will you be including Preventive Controls (voluntary addendum for facilities) Follows FSMA's PC for Human Food Rule		<input type="checkbox"/> Yes <input type="checkbox"/> No
SHIPPER INFO: (if applicable)			
16	Name:	Address:	Email:
17	Would you like your Shipper (or a customer) to receive your audit reports?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide name and email address:		
18	How did you hear about CCI?		

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.

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

\_\_\_\_\_  
CCI Review Signature:

\_\_\_\_\_  
Date