Food Safety

The information provided in this Application will help SCS to determine eligibility and scope of service. No charges will be incurred or work conducted until a Work Order is executed.

Section 1: Company/Organization Information

1. COMPANY INFORMATION

Company Name (*as it would appear on a contract*)**:**

Street:

City: State/Province: Postal Code:

Country:

Main Phone: Website:

Brief Company Description:

2. PRIMARY CONTACT PERSON

First Name: Last Name: Title:

Direct Phone: Email:

3. COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES (*parent co, subsidiaries*)

Company Name: Corporate Relationship:

Has the company worked with SCS previously?

Yes   No

Which service, or services, did you use?

4. COMPANY LEGAL STATUS (*e.g. INC., LLC., GMBH, LTD., NGO*)

What is the legal status of your company?

Section 2: General Information

Have you completed an on-site pre-assessment (gap analysis)?

Yes   No

Would you like SCS to conduct a pre-assessment?

Yes   No

Buyers requesting certification:

Provide an estimated date of certification:

Section 3: Program Selection: *Check all applicable box(es)*

SQF (Safe Quality Foods)

Identify Level: Level 1   Level 2   Level 3

List Food Sector Category:

List of categories can be found here: http://www.scscertified.com/docs/FS-SQF_GUI_FSC_and_Modules_Ed7_072412.pdf

BRC (British Retail Consortium)

Choose One:

Enrollment Program
   (*Definition in Section 3.1 of current standard. pg. 60*)

Announced Audit
   (*Definition in Section 3.2 of current standard. pg. 60*)

Unannounced Audit - Option 1
   (*Definition in Section 3.3 of current standard. pg. 60*)

Unannounced Audit – Option 2
   (*Definition in Section 3.3 of current standard. pg. 60*)

Refer to the current standard to find definitions of these various programs. www.brcglobalstandards.com

List Category:
List of categories can be found here: http://www.scscertified.com/docs/FS-BRC_GUI_Categories_072412.pdf

Global G.A.P. (Option 1)

Multi-Site   Single Site

Include Product Handling (Packhouse)?

Yes   **No**

Tesco Nurture

TN10

National Organic Program

Organic Grower   Organic Handler

Organic Co-Packer / Private label

Good Agricultural Practices

GAP (Land & Growing and Harvesting)   Greenhouse

Section 3: Program Selection (Continued)

Good Manufacturing Practices (GMP)

Indicate the type of facility:

Packhouse	Fresh Cut
Cold Storage	Processing
Cold Storage with Repack	Greenhouse
Cooling & Cold Storage	

Add on to GMP audit:

With HACCP	Food Security

Indicate the type of facility :

(e.g. packing shed, cold storage with repacking, cooling, fresh-cut other processing, etc)

Harmonized Food Safety Standards

Field Operations and Harvesting	Post-Harvest Operations

Tomato Metrics

Open Field Harvest	Packing house
Repack and Distribution	Greenhouse

Section 4: Packinghouses, Processors, Storage, & Other Handlers

For Producers and Handlers: Provide the following information for each site you want audited. *For more than 2 sites, please list all sites in an attachment with the following information. If you have off-site storage, please indicate as a separate facility.*

FACILITY #1

Facility Name:

Street Address:

City: State/Province: Postal Code:

Country:

Square Footage: # of Production Lines: # of employees

# of HACCP Plans:

For SQF Level 3, Total # of Quality Plans included in scope:

List all Products included in scope of audit:

Production Start Date: Production End Date:

FACILITY #2

Facility Name:

Street Address:

City: State/Province: Postal Code:

Country:

Square Footage: # of Production Lines: # of employees

# of HACCP Plans:

For SQF Level 3, Total # of Quality Plans included in scope:

List all Products included in scope of audit:

Production Start Date: Production End Date:

You can add additional facilities on page 7

Section 5: Growers & Producers

For Growers: Provide the following information for each site you want audited. ***For more than 2 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.

RANCH / FIELD #1

Ranch / Field Name:

Street Address:

City: State/Province: Postal Code:

Country:

Field Acreage (per crop):   # of Harvest Crews:

Harvest Start Date: Harvest End Date:

# of Packing Sheds (enter N/A for field packed):

Crops Covered (Greenhouse) or Uncovered:

Crop names:

RANCH / FIELD #2

Ranch / Field Name:

Street Address:

City: State/Province: Postal Code:

Country:

Field Acreage (per crop):   # of Harvest Crews:

Harvest Start Date: Harvest End Date:

# of Packing Sheds (enter N/A for field packed):

Crops Covered (Greenhouse) or Uncovered:

Crop names:

You can add additional ranches/fields on page 8

Section 6: General Information

2. Would you like information on any of our other services?

Pesticide Testing   Training
                                                                 (HACCP, Food Safety & Quality, SQF)

Microbiological Testing   Social Auditing/Sustainability Services

3. Other services of interest? (optional)

Section 7: 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.

Print Name:

Title:

Signature (*electronic or typed accepted*):

Date:

New Customers	**Existing Customers**
Click on the button below to send your application	Click on the button below to send your application
(or save the application and email it later):	(or save the application and email it later):
nsayers@scsglobalservices.com	renewals@scsglobalservices.com
Phone: 510.452.9083 | Fax: 510-452-6897	Phone: 510.452.8021 | Fax: 510-452-6886

We will be in touch as soon as possible.

Thank you for choosing SCS.

Section 4: Packinghouses, Processors, Storage, & Other Handlers – Additional Facilities

FACILITY #3

Facility Name:

Street Address:

City: State/Province: Postal Code:

Country:

Square Footage: # of Production Lines: # of employees

# of HACCP Plans:

For SQF Level 3, Total # of Quality Plans included in scope:

List all Products included in scope of audit:

Production Start Date: Production End Date:

FACILITY #4

Facility Name:

Street Address:

City: State/Province: Postal Code:

Country:

Square Footage: # of Production Lines: # of employees

# of HACCP Plans:

For SQF Level 3, Total # of Quality Plans included in scope:

List all Products included in scope of audit:

Production Start Date: Production End Date:

FACILITY #5

Facility Name:

Street Address:

City: State/Province: Postal Code:

Country:

Square Footage: # of Production Lines: # of employees

# of HACCP Plans:

For SQF Level 3, Total # of Quality Plans included in scope:

List all Products included in scope of audit:

Production Start Date: Production End Date:

Section 5: Growers & Producers – Additional Ranches/Fields

RANCH/FIELD 3

Ranch / Field Name:

Street Address:

City: State/Province: Postal Code:

Country:

Field Acreage (per crop):   # of Harvest Crews:

Harvest Start Date: Harvest End Date:

# of Packing Sheds (enter N/A for field packed):

Crops Covered (Greenhouse) or Uncovered:

Crop names:

RANCH/FIELD 4

Ranch / Field Name:

Street Address:

City: State/Province: Postal Code:

Country:

Field Acreage (per crop):   # of Harvest Crews:

Harvest Start Date: Harvest End Date:

# of Packing Sheds (enter N/A for field packed):

Crops Covered (Greenhouse) or Uncovered:

Crop names:

RANCH/FIELD 5

Ranch / Field Name:

Street Address:

City: State/Province: Postal Code:

Country:

Field Acreage (per crop):   # of Harvest Crews:

Harvest Start Date: Harvest End Date:

# of Packing Sheds (enter N/A for field packed):

Crops Covered (Greenhouse) or Uncovered:

Crop names: