



C.A.F.E. PRACTICES

Closing Meeting Signature Form V1-2

Application ID:			
Application name:			
Verification organization:			
Inspector(s):			
Dates of verification:			
Location of closing meeting:			
Application in Harvest?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Affirmation: <ul style="list-style-type: none">I affirm that it was discussed during the closing meeting that findings are preliminary only, and may be subject to change as a result of internal review by the verification organization or through review by SCS Global Services or other parties.I affirm that the general findings of the verification were discussed during the closing meeting.I affirm that all not comply evaluations for zero tolerance indicators, as listed in the Zero Tolerance NC Summary sheet, were discussed at the closing meeting.I affirm that any required documents that were unavailable during the inspection were requested during the closing meeting.			
Supplier representative		Lead inspector	
Print Name:		Print Name:	
Title:		Title:	
Signature:		Signature:	
Date:		Date:	



C.A.F.E. PRACTICES

Closing Meeting Zero Tolerance NC Summary

DISCLAIMER: The non-conformities reported in the Zero Tolerance NC Summary are preliminary only and are subject to change based on internal review and additional review by SCS or other parties.

Application ID:

Application name:

Zero tolerance NC evaluations by indicator

Indicator code	Number of entities with Zero Tolerance NC	Entity Code(s)

Notes: