

Audit Application Form

Please complete this form in full and return to Primus Auditing Ops as soon as possible so we can process your application properly. We recommend you send your application three months before your anticipated audit date.

Important Notice: PrimusGFS v3.2 is mandatory as of March 1,2022. Please refer to the link attached in section A

Section A. Application Information		
<input type="checkbox"/> New Company wanting to audit.		
<input type="checkbox"/> Recertification with Primus Auditing Ops – Currently certified by PAO		
<input type="checkbox"/> Company switching certification body (CB); returning company that has applied for/audited in the past. Please indicate your last approved CB.	CB Name:	
	Registration Number(s):	
To view documentation and checklist for Primus GFS, please click here . To view Documents and checklist for Primus Standard, please click here .		

Section B. Audit Options			
Audit Scheme:	<input type="checkbox"/> Primus Standard Audits <input type="checkbox"/> PrimusGFS <input type="checkbox"/> Sustainability Standard		
Audit Type:	<input type="checkbox"/> Announced Audit <input type="checkbox"/> Desktop Review	<input type="checkbox"/> Pre-Assessment Audit <input type="checkbox"/> Unannounced Audit	
Requested Audit Date(s):			
Language Spoken During Audit:	<input type="checkbox"/> Spanish and/or <input type="checkbox"/> English	Written Audit Report Language:	<input type="checkbox"/> Spanish <input type="checkbox"/> English
B.1. Buyer Details			
Do you supply products to Costco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are those products field-packed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list operations applicable for Costco:			
If all operations apply mark box:	<input type="checkbox"/> All		

Section 1. Organization Details							
Organization:							
Address:							
City:	State:	Postal Code:	Country:				
Scheduling point of contact name:	Phone #:	Email:					
1.1. Consultant Information							
Consultant Company:					Is the consultant authorized to receive copies of the audit report and certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consultant Name:	Phone #:	Email:					
1.2. Billing Information							
Billing contact person:	Phone #:	Billing Email:					
Billing address:							
City:	State:	Postal Code:	Country:				

Section 2. Additional Contacts Select contact person(s) to receive communications and show on the reports:

Name:		Position:		Email:		Phone:	
Name:		Position:		Email:		Phone:	
Name:		Position:		Email:		Phone:	
Name:		Position:		Email:		Phone:	
Name:		Position:		Email:		Phone:	

Section 3. Operations

Field Operation Type (GAP):	<input type="checkbox"/> Farm <input type="checkbox"/> Indoor Agriculture <input type="checkbox"/> Harvest Crew
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3.1. Grower Details – For Primus Standard Audits Only

Name:							
Address:							
City:		State:		Postal Code:		Country:	
Contact Name:		Phone #:		Email:			

3.2. Ranch/Farm Operation Details

	Farm Name	Farm Address or Cross Street	Product Name	Acreage	Year Round Yes/No	Product Month Range	Country of Destination
Ex:	ABC Farm	Street Name, City, State Zip Code	Apples	10ac.	Yes	Jan-Mar	USA, MX
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

3.3. Indoor Agriculture/Greenhouse Details

	Operation Name	Greenhouse Address	Product Name	Size	Acreage	Year Round Yes/No	Product Month Range	Country of Destination
Ex:	ABC Greenhouse	Street Name, City, State Zip Code	Apples	1000 sq.ft.	10ac.	Yes	Jan-Mar	USA, MX
1								
2								
3								
4								
5								

3.4. Harvest Crew Details

	Harvest Crew Company	Harvest Crew Company Address	Harvest Crew Number/Name	Location of Audit	Product Name	Year Round Yes/No	Product Month Range	Night Crew Yes/No
Ex:	ABC Harvest Company	Street Name, City, State Zip Code	Harvest Crew #1 – ABC	Paradise, CA	Apples	Yes	Jan-Mar	Yes/No
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

3.5. Facility Operations

Facility Operation Type (GMP):		<input type="checkbox"/> Processor <input type="checkbox"/> Packinghouse <input type="checkbox"/> Cooler/Cold Storage <input type="checkbox"/> Storage & Distribution Center					
Primus Standard Audits only:		<input type="checkbox"/> Packaging <input type="checkbox"/> With HACCP <input type="checkbox"/> Without HACCP					
Operation Name:							
Address:							
City:		State:	Postal Code:		Country:		
Contact Person:		Phone:	Email:				
Size of Facility:							
Number of Production Lines:		Number of Buildings:					
Facility Production Hours:		Facility Production Months:					
Process description the daily activities at this operation:							
Products to be included in this certification: <small>Note: The operation must be running, and the commodities included in the scope of certification must be present in the operation at the time of the audit. The auditor must review all operational steps at the time of the audit. If certain steps are not taking place at the time of the audit; the operation will not be able to be certified. If all products do not fit, please attach a separate list.</small>		Product Name	Year Round Yes/No	Product Month Range	Country of Destination		
**To continue with the scheduling process, please attach your operational flow chart along with application (Except Storage & Distribution) **							
PrimusGFS Audits only:		Do you want your facility to be inspected against Module 7 Preventive Controls? (Optional)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3.6 Sustainability Only

Note: Small Producer: A producer with a gross cash farm income (GCFI) of less than \$350,000 and less than or equal to five permanent workers, with no more than 25 total workers onsite at the management unit at any time.

Large Producer: Any producer that does not meet the criteria for a small producer.

Are you a small or large producer?	<input type="checkbox"/> Small <input type="checkbox"/> Large
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Section 4. Shippers/ Marketing Companies

Shipper(s) listed on the application will be financially responsible for full or partial payment of the audit.

Company Name:		Address:	
First/Last Name:	Phone #:	Email:	
City:	State:	Postal Code:	Country:

Company Name:		Address:	
First/Last Name:	Phone #:	Email:	
City:	State:	Postal Code:	Country:

Company Name:		Address:	
First/Last Name:	Phone #:	Email:	
City:	State:	Postal Code:	Country:

I do not have a shipper, please skip this step for me.

I certify that I have the right to distribute this information and do not violate the [Terms of Use](#). Users automatically grant, and hereby represent and warrant that they have the right to grant, use and distribute the content. By accepting this, he understands and agrees that the information from the audit (including reports, corrective actions, preliminary reports, etc.) can be distributed by the Shipper, as User has specifically designated above, to any third party it so chooses.

Section 5. Comments