

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.

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):	

Section b. Audit Options				
Audit Scheme:	<input type="checkbox"/> Primus Standard Audits <input type="checkbox"/> PrimusGFS			
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: <small>(if different from the above)</small>						
City:	State:	Postal Code:	Country:			

Section 2. Additional Contacts <small>Select contact person(s) to receive communications and show on the reports:</small>							
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): Farm/Ranch Indoor Agriculture/Greenhouse Harvest Crew

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

Note: For Primus Standard Audits, a “ranch” is defined as a parcel of ground with the following characteristics: common management, common water supply and contiguous grounds. For PrimusGFS, a farm (ranch) is a tract of land (not necessarily a “lot” for production purposes), under common management and common water supply, ideally contiguous (if not contiguous, similar risk is demonstrated) and used for agricultural production. Farm maps may be requested.

	Farm Name	Farm Address or Cross Street	Product Name	Acreage per product	Year Round	Product Month Range	Country of Destination
Ex:	ABC Farm	Street Name, City, State Zip Code	Apples	10ac.	<input type="checkbox"/>	Jan-Mar	USA, MX
1					<input type="checkbox"/>		
2					<input type="checkbox"/>		
3					<input type="checkbox"/>		
4					<input type="checkbox"/>		
5					<input type="checkbox"/>		
6					<input type="checkbox"/>		
7					<input type="checkbox"/>		
8					<input type="checkbox"/>		
9					<input type="checkbox"/>		
10					<input type="checkbox"/>		

3.3. Indoor Agriculture/Greenhouse Details

	Operation Name	Greenhouse Address	Product Name	Size	Acreage per product	Year Round	Product Month Range	Country of Destination
Ex	ABC Greenhouse	Street Name, City, State Zip Code	Apples	1000sq.ft.	10ac.	<input type="checkbox"/>	Jan-Mar	USA, MX
1						<input type="checkbox"/>		
2						<input type="checkbox"/>		
3						<input type="checkbox"/>		
4						<input type="checkbox"/>		
5						<input type="checkbox"/>		

3.4. Harvest Crew Details

	Harvest Crew Company	Harvest Crew Company Address	Harvest Crew Number/Name	Location of Audit	Product Name	Year Round	Product Month Range
Ex	ABC Harvest Company	Street Name, City, State Zip Code	Harvest Crew #1 – ABC	Paradise, CA	Apples	<input type="checkbox"/>	Jan-Mar
1						<input type="checkbox"/>	
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
4						<input type="checkbox"/>	
5						<input type="checkbox"/>	
6						<input type="checkbox"/>	
7						<input type="checkbox"/>	
8						<input type="checkbox"/>	
9						<input type="checkbox"/>	
10						<input type="checkbox"/>	

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:		Cold/Cooling Space:					
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:		Product Name	Year Round	Product Month Range	Country of Destination		
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.			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
For Processor Audits: Attach operational flow chart along with application							
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 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:	
<input type="checkbox"/> I do not have a shipper, please skip this step for me.							
<input type="checkbox"/> 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