

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 at least three months before your anticipated date.

Organization			Scheduling Contact Name
Address			Phone
City	State	Zip	Email
Billing Address (if different than above)			Billing Contact
Billing Email			Billing Phone

<input type="checkbox"/> New Company wanting to audit <input type="checkbox"/> Recertification w/ Primus Auditing Ops (Currently certified by PAO)	<input type="checkbox"/> Company switching certification body (CB): a returning company that has applied for/ audited in the past	CB Name _____ Registration Number (s) _____
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SECTION 1. AUDIT OPTIONS *As of April 1, 2023, all Costco GMP audits must be scheduled as unannounced.

Audit Scheme	Audit Type	Language	**Other Service Lines
<input type="checkbox"/> Primus Standard <input type="checkbox"/> PrimusGFS <input type="checkbox"/> Sustainability Standard <input type="checkbox"/> Second-Party	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> PreAssessment <input type="checkbox"/> Desktop Review	During Audit <input type="checkbox"/> English and/or <input type="checkbox"/> Spanish Written Report (only one) <input type="checkbox"/> English <input type="checkbox"/> Spanish	**PAO provides these services. A separate application will be provided. <input type="checkbox"/> NOP / Organics <input type="checkbox"/> Bee Better Certified <input type="checkbox"/> SMETA <input type="checkbox"/> GlobalG.A.P.

SECTION 2. CONTACT INFORMATION Additional Contacts (Receives all automated communications and shown on audit reports)

Name	Name	Consultant Company
Position	Position	Name Phone
Email	Email	Email
Phone	Phone	Consultant is authorized to receive copies of the audit report and certificate <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3. REQUESTED AUDIT TIMEFRAME

30-day window for unannounced audits		BLACKOUT DATES (Unannounced only) Audits will not be scheduled on Holidays or weekends			
FROM	TO	1.		4.	
_____	_____	2.		5.	
		3.			

SECTION 4. OPERATION TYPE - Check all that apply

Field Operations (GAP)		Facility Operations (GMP)		*Primus Standard Audits only
<input type="checkbox"/> Farm	<input type="checkbox"/> Harvest Crew	<input type="checkbox"/> Processor	<input type="checkbox"/> Cooler/Cold Storage	<input type="checkbox"/> Packaging
<input type="checkbox"/> Indoor Agriculture		<input type="checkbox"/> Packinghouse	<input type="checkbox"/> Storage & Distribution	<input type="checkbox"/> With HACCP
				<input type="checkbox"/> Without HACCP

Please fill out all sections that apply

SECTION 4A. OPERATION DETAILS - More lines available on a separate page

FARM AND/OR INDOOR AGRICULTURE

Operation Name	Type <input type="checkbox"/> FM <input type="checkbox"/> IA	Products		
Operation Address	Country of Destination	Total Acreage	<input type="checkbox"/> Year Round or <input type="checkbox"/> Month Range _____ to _____	
City, State, Zip Code	<input type="checkbox"/> McDonalds Addendum <input type="checkbox"/> Pulse/Grain (Module 8) <input type="checkbox"/> IPM Practices (Module 9)			

Operation Name	Type <input type="checkbox"/> FM <input type="checkbox"/> IA	Products		
Operation Address	Country of Destination	Total Acreage	<input type="checkbox"/> Year Round or <input type="checkbox"/> Month Range _____ to _____	
City, State, Zip Code	<input type="checkbox"/> McDonalds Addendum <input type="checkbox"/> Pulse/Grain (Module 8) <input type="checkbox"/> IPM Practices (Module 9)			

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Operation Name	Type <input type="checkbox"/> FM <input type="checkbox"/> IA	Products		
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City, State, Zip Code	<input type="checkbox"/> McDonalds Addendum <input type="checkbox"/> Pulse/Grain (Module 8) <input type="checkbox"/> IPM Practices (Module 9)			

Additional Notes:

SECTION 4B. HARVEST CREW

One product per crew unless similar harvesting practice

Company Name	Harvest Crew Company Address	Crew Number or Name	Location of audit ✓ if same as operation location	Product	Year Round	Product Month Range	Night Crew
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

SECTION 4C. FACILITY OPERATIONS

To continue with the scheduling process, please include your operational flow chart with the application.

Operation/Facility Name	Street Address <input type="checkbox"/> ✓ if same as organization address	City	State	Postal Code	Country

Contact Person	Phone	Email

Size of Facility (sq ft)	Number of Production Lines	Number of Buildings	Facility Production Hours & Days	Facility Production Months	Preventive Controls Needed	
					Y	N

Process description of the daily activities at this operation

Do you supply directly or indirectly to Costco? Yes No

As per Costco buyer guidelines, all Costco GMP audits are to be scheduled as unannounced. Please fill out section 3 of this application.

Products to be included in certification:

NOTE: The operation must be running, and the products 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 specific 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.

Product Name	Year Round		Product Month Range	Country of Destination
	Y	N		
	Y	N		
	Y	N		
	Y	N		
	Y	N		

Additional Notes:

SECTION 5. SUSTAINABILITY (ONLY)

Are you a small or larger producer?	Small Producer: A small producer with a gross cash farm income (GCFT) 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
<input type="checkbox"/> Small <input type="checkbox"/> Large	Large Producer: Any producer that does not meet the criteria for a small producer

SECTION 6. 2ND PARTY AUDITS (ONLY)

Supplier Requesting 2nd Party	Auditors Point of Contact	<table border="1"> <tr> <td>Checklist</td> <td><input type="checkbox"/> PrimusGFS</td> <td><input type="checkbox"/> Standard</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Supplier Checklist (attached)</td> </tr> <tr> <td>Corrective Actions</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Audit Type</td> <td><input type="checkbox"/> Announced</td> <td><input type="checkbox"/> Unannounced</td> </tr> </table>	Checklist	<input type="checkbox"/> PrimusGFS	<input type="checkbox"/> Standard		<input type="checkbox"/> Supplier Checklist (attached)		Corrective Actions	Y	N	Audit Type	<input type="checkbox"/> Announced	<input type="checkbox"/> Unannounced
Checklist	<input type="checkbox"/> PrimusGFS		<input type="checkbox"/> Standard											
	<input type="checkbox"/> Supplier Checklist (attached)													
Corrective Actions	Y		N											
Audit Type	<input type="checkbox"/> Announced	<input type="checkbox"/> Unannounced												
Supplier Contact Name	Position													
Email	Email													
Phone	Phone													

SECTION 7. SHIPPERS / MARKETING COMPANIES (OPTIONAL)

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

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

	Shipper #1	Shipper #2	Shipper #3
Company Name			
Address			
City, State, Zip			
First/Last Name			
Phone #			
Email			

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 the User has specifically designated above, to any third party it so chooses.

Comments: