



# GFSI Pre-Assessment Application

Form# 004b  
 Revised By LD  
 Revision Date 7/3/15  
 Revision# 003  
 Supersedes 1/28/15

Please complete this form in as much detail as possible and return it to Ceres Certifications, Int'l by fax, mail or email. You may also obtain this document from [www.ceresci.com](http://www.ceresci.com). Once we have received your completed application you will be advised of the next step in the process. If you are requesting an inspection of a client, please complete "supplier information" #20 on application.

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## CLIENT CONTACT DETAILS

<b>COMPANY NAME</b> (LLC, Corp, etc.)			
<b>TRADE NAME</b>		<b>Is your company part of a larger, legal entity? If so who?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>AUTHORIZED CONTACT</b>		<b>TITLE</b>	
<b>PHYSICAL ADDRESS</b> (also provide ranch/field addresses)		<b>MAILING ADDRESS</b>	
<b>GPS COORDINATES</b> (if applicable)			
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>	
<b>MOBILE NUMBER</b>		<b>EMAIL ADDRESS</b>	
<b>LANGUAGE</b>	<input type="radio"/> English <input type="radio"/> Other _____		

## CERTIFICATION INFORMATION

<b>1</b>	Has your organization ever completed a PrimusGFS (and/or GFSI level) audit through an accredited certification body (CB)?	
	If yes, when and who was your CB?	<input type="radio"/> Yes <input type="radio"/> No
<b>2</b>	Has your organization ever failed a third-party certification inspection? If so, please give details:	
	If yes, please provide details:	<input type="radio"/> Yes <input type="radio"/> No
<b>3</b>	When do you believe you will be ready for a Pre-Assessment inspection (provide estimated date)?	
<b>4</b>	Is this inspection required for a specific purpose or client?	
	If yes, please specify name of client/supplier:	<input type="radio"/> Yes <input type="radio"/> No
<b>5</b>	Is there an addendum required? If so, by who?	
	If yes, please specify by whom:	<input type="radio"/> Yes <input type="radio"/> No
<b>6</b>	Which GFSI Pre-Assessment Scheme are you applying for?	<input type="radio"/> PrimusGFS v_2.1 <input type="radio"/> Other: _____
<b>7</b>	FDA Registration Number (if applicable)	
<b>8</b>	Do you have a current copy of the normative documents for the program applying for? (i.e., PrimusGFS regulations, standards, questions, expectations, guidelines Version 2.1?) <i>Forms can be found on our website @ <a href="http://www.ceresci.com">www.ceresci.com</a>.</i>	<input type="radio"/> Yes <input type="radio"/> No

## AUDIT SCOPE

<b>AUDIT SCOPE</b>					
9	What is the <u>entire</u> scope of your operations and products processed, sold, or handled requesting to be audited: (Please be very specific) <i>Review CCI Form# 329b PGFS Audit Scope provided with application.</i>				
10	What method of operation/site are you wishing to certify? <i>Check as many boxes that apply.</i>				
<b>FIELD OPERATIONS:</b> <input type="checkbox"/> Ranch <input type="checkbox"/> Greenhouse <input type="checkbox"/> Harvest Crew <b>FACILITY OPERATIONS:</b> <input type="checkbox"/> Cooler/Cold Storage <input type="checkbox"/> Packinghouse <input type="checkbox"/> Processing <input type="checkbox"/> Storage & Distribution <i>(i.e., refer to PrimusGFS general reg V2.1 Section 9)</i>					
11	<b>FIELD INFO:</b>	Number of Ranch/Farms (Fields) to be audited:	Size per Field (acres):	Months of Harvest:	Number of Field Employees:
12	<b>HARVEST CREW INFO:</b>	Number of Harvest Crews (HC) to be audited:	Name of Harvest Crews:		Number of HC Employees:
13	<b>FACILITY INFO:</b>	Number of Operational /Facility lines to be audited:	Size Processing, Packinghouse or Storage Warehouse Area: (square feet):	Months of Operation:	Hours of Operation:
		Number of Coolers and/or Storage facility to be audited:	Size per Cooler (square feet):	Size per Storage WH (square feet):	Number of Employees:
14	Have you identified any CCP's within your HACCP plan?			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	
15	If you have identified any CCPs, what are they?				
16	List all products / commodities (conventional & organic) requesting to be audited: <i>(commodities should be witnessed during audit).</i>				
17	Do you have a current site map of location(s)? If so, please provide.			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	
18	Do you have any activities at any locations other than your primary operation? Include all premises, support buildings, etc.				
If yes, please explain:					
				<input type="radio"/> Yes <input type="radio"/> No	
20	What do your supplier (s) operations consist of? Please provide a list of suppliers.				
21	How did you hear about CCI?				

By signing below you certify that the above information is complete and correct to the best of your knowledge and that you agree to comply with the requirements for certification as well as supply any information required during the certification process. Please fax, mail or email your completed form to CCI.

Signature of Authorized Representative	Date
FAX: 715-723-4956    ADDRESS: PO Box 848, Chippewa Falls, WI 54729	Date Received <i>(for Office Use Only)</i>

## FOOD CERTIFICATION CATEGORIES (PrimusGFS Only)

Scope	Category name	Operation Type(s)	Examples of product
<b>BI</b>	Farming of Plants (other than grains and pulses)	<ul style="list-style-type: none"> <li>· Ranch</li> <li>· Greenhouse</li> <li>· Harvest Crew</li> </ul>	Fruits; Vegetables; Any plant other than grains and pulses produced for human food consumption
<b>BII</b>	Farming of Grains and Pulses	<ul style="list-style-type: none"> <li>· Ranch</li> <li>· Greenhouse</li> <li>· Harvest Crew</li> </ul>	Grains and pulses produced for human food consumption.
<b>D</b>	Pre-process handling of plant products, nuts and grains	<ul style="list-style-type: none"> <li>· Storage &amp; Distribution Center</li> <li>· Cooling/Cold Storage</li> <li>· Packinghouse</li> </ul>	De-shelling of nuts; Drying of grain; Grading of fruit and vegetables; Storage; Cleaning, washing, rinsing, fluming, sorting, grading, trimming, bundling, cooling, hydro-cooling, waxing, drenching, packing, re-packing, staging, storing, loading and / or any other handling activity that does not significantly transform the product from its original harvested form.
<b>EII</b>	Processing of perishable plant products	<ul style="list-style-type: none"> <li>· Processing</li> </ul>	Production of plant products (including grains, nuts, and pulses) Washing, slicing, dicing, cutting, shredding, peeling, grading, pasteurization, cooking, chilling, juicing, pressing, freezing, packed in modified atmosphere, packed in vacuum packing or any other activity that significantly transforms the product from its original whole state.
<b>EIII</b>	Processing of perishable animal and plant products (mixed products)	<ul style="list-style-type: none"> <li>· Processing</li> </ul>	Production of plant products with ingredients from animal origin (e.g. ready to eat salads with grilled chicken or other meat, frozen foods with both plant and animal ingredients, etc.).
			Mixing, cooking, chilling, freezing, packed in modified atmosphere, packed in vacuum packing.
<b>EIV</b>	Processing of ambient stable products	<ul style="list-style-type: none"> <li>· Processing</li> </ul>	Production of food products from agricultural sources that are stored and sold at ambient temperature *Limited to agricultural products only.
			Examples are: drying, roasting, salting, pressing, milling, etc.

*Categories Table: Taken from GFSI Guidance Document: Part II, Annex 1 – GFSI Scope of Recognition.*