



GFSI Application PrimusGFS

Form# 004a
 Revised By LD
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The PrimusGFS scope is focused on Food Safety within the Agricultural sector, which includes horticultural, grains and pulses designed for human consumption.

Please register for your PrimusGFS audit with CCI within the PGFS Azzule database at:
<https://secure.azzule.com/PrimusGFSManagement/LoginRegister.aspx>. If you have applied for a previous PGFS audit, but unable to locate your registration number, please click on <http://www.primusgfs.com/certificationRegister.aspx> to retrieve it. If you have any questions, please contact CCI. After you complete this application, please return it to CCI by email, fax or mail. Once you have registered and returned this application you will be advised of the next step within the certification process. Thank you!

CCI prohibits discrimination in employment & services provided on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, or sexual orientation.

CLIENT CONTACT DETAILS

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

CERTIFICATION INFORMATION

1	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?	O Yes O No
2	Has your organization ever failed a third-party certification inspection? If so, please give details:	
	If yes, please provide details:	O Yes O No
3	When do you believe you will be ready for inspection (provide estimated date)?	
4	What is your desired audit period (based on seasonality of crop and validity of current certified)?	O Annual O Other _____
5	Is this inspection required for a specific purpose or client?	
	If yes, please specify name of client/supplier:	O Yes O No
6	Is there an addendum required? If so, by who?	
	If yes, please specify by whom:	O Yes O No
7	FDA Registration Number (if applicable)	
8	Do you have a current copy of the normative documents? (i.e., PrimusGFS regulations, standards, questions, expectations, interpretation guidelines). <i>Forms available via website @ www.ceresci.com.</i>	O Yes O No

AUDIT SCOPE

9	What is the <u>entire scope of your operations and commodities</u> requesting to be audited: (Please be very specific)				
10	Are you requesting any like or similar commodities to be certified that <u>will not</u> be present during audit?				
If yes, please provide details:				<input type="radio"/> Yes <input type="radio"/> No	
11	What food certification category applies to your company? <i>Refer to the list on Page 3 and check as many boxes that apply.</i>				
SCOPE: <input type="radio"/> BI <input type="radio"/> BII <input type="radio"/> D <input type="radio"/> EII <input type="radio"/> EIII <input type="radio"/> EIV					
12	What method of operation/site are you wishing to certify? <i>Check as many boxes that apply.</i>				
FIELD OPERATIONS: <input type="radio"/> Ranch <input type="radio"/> Greenhouse <input type="radio"/> Harvest Crew FACILITY OPERATIONS: <input type="radio"/> Cooler/Cold Storage <input type="radio"/> Packinghouse <input type="radio"/> Processing <input type="radio"/> Storage & Distribution <i>(i.e., refer to PrimusGFS General Reg Section 9)</i>					
13	FIELD INFO:	Number of Ranch/Farms (Fields) to be audited:	Size per Field (acres):	Months of Harvest:	Number of Field Employees:
14	HARVEST CREW INFO:	Number of Harvest Crews (HC) to be audited:	Name of Harvest Crews:		Number of HC Employees:
15	FACILITY INFO:	Number of Operational /Facility lines to be audited:	Size Processing, Packinghouse or Storage Warehouse Facility: (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:
16	Have you identified any CCP's within your HACCP plan?			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	
17	If you have identified any CCPs, what are they?				
18	If you don't have a HACCP Plan, do you have a written Hazard Analysis justifying no CCP's exist?			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	
19	List all products / commodities (conventional & organic) requesting to be audited: <i>(commodities should be witnessed during audit).</i>				
20	Do you have at least three months worth of documentation to provide during audit? (i.e., water testing records, daily logs, etc.). <i>Refer to PGFS Interpretation Guidelines.</i>			<input type="radio"/> Yes <input type="radio"/> No	
21	Do you have a current site map of location(s)? If so, please provide.			<input type="radio"/> Yes <input type="radio"/> No	
22	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	
23	Do you have any products, processes or areas requesting to be exempt from the scope of certification?				
If yes, please explain:				<input type="radio"/> Yes <input type="radio"/> No	
24	What do your supplier (s) operations consist of (i.e.,, packaging, chemicals, etc.)? Please provide a list of suppliers.				
25	How did you hear about CCI?				

By signing below you certify 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 email, fax, mail your completed form to CCI. Email: Lesley@ceresci.com Fax: 715-723-4956 Address: PO Box 848, Chippewa Falls, WI 54729

_____	_____
Signature of Authorized Representative	Date

Reviewed by:	Date:	<i>(for Office Use Only)</i>
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FOOD CERTIFICATION CATEGORIES

Scope	Category name	Operation Type(s)	Examples of product
BI	Farming of Plants (other than grains and pulses)	<ul style="list-style-type: none"> · Ranch · Greenhouse · Harvest Crew 	Fruits; Vegetables; Any plant other than grains and pulses produced for human food consumption
BII	Farming of Grains and Pulses	<ul style="list-style-type: none"> · Ranch · Greenhouse · Harvest Crew 	Grains and pulses produced for human food consumption.
D	Pre-process handling of plant products, nuts and grains	<ul style="list-style-type: none"> · Storage & Distribution · Cooling/Cold Storage · Packinghouse 	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.
EII	Processing of perishable plant products	Processing	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.
EIII	Processing of perishable animal and plant products (mixed products)	Processing	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.
EIV	Processing of ambient stable products	Processing	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.