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| **Instructions for completing this form:**1. **Please complete this form and submit back to the ACO Office prior to audit scheduling.**
2. **If the question is not relevant, please indicate N/A – do not leave blank.**
3. **Please submit any supporting documentation with this form to the ACO Office.**
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| **SECTION 1 – CONTACT DETAILS** |
| First Name |  | Last Name |  |
| Trading Name |  |
| Certification Number |  | Operation Type *(E.g., broadacre, livestock)* |  |
| Main Operation Address |  |
| Contact Address |  |
| Email |  |
| Phone |  |
| **SECTION 2 – CHANGES TO OPERATION SCOPE IN THE LAST 12 MONTHS** |
| Please provide a description of any scope changes and updates to your operation relevant to the Regenerative Organic Certified® Standard that have occurred in the last year or are planned for the upcoming year:*Please provide supporting evidence for changes (e.g., details of product change or addition, updated ROSP, property maps, etc.)* |
| Regenerative Organic Certified® element | Changes? | Details |
| Certification level *(i.e. Bronze to Silver)* | [ ]  Yes [ ]  No |  |
| ROC Pillar (*i.e. inclusion of Animal Welfare*) – (charge as per fee schedule) | [ ]  Yes [ ]  No |  |
| Current baseline equivalency certificates | [ ]  Yes [ ]  No | *Please provide copies of current baseline equivalency certificates.* |
| Marketing claims and labels | [ ]  Yes [ ]  No |  |
| Supply Chain | [ ]  Yes [ ]  No |  |
| Site/s | [ ]  Yes [ ]  No | *If Yes, please provide maps and property details at Section 4 below.* |
| Deviation/s *(are any deviations expiring at the upcoming audit and requiring a review)* | [ ]  Yes [ ]  No | *If yes, please provide information* |
| Regenerative Organic System Plan (ROSP) | [ ]  Yes [ ]  No |  |
| V. Soil Health and Land Management |
| Annual Update and Audit Report | [ ]  Yes [ ]  No | *Please provide.* |
| Water and Irrigation Management | [ ]  Yes [ ]  No |  |
| Vegetation and Pest/Weed Management | [ ]  Yes [ ]  No |  |
| Feral Animal and Pest/Weed Management | [ ]  Yes [ ]  No |  |
| Soil Management (*included in the Soil Disturbance Tracking Sheet*) | [ ]  Yes [ ]  No | *If yes, please provide.* |
| Crop Management | [ ]  Yes [ ]  No | *If yes, please provide a Crop Rotation Plan.* |
| Livestock Inventory | [ ]  Yes [ ]  No |  |
| Grazing Management (*including rotational grazing management*) | [ ]  Yes [ ]  No |  |
| Regenerative Practices | [ ]  Yes [ ]  No |  |
| Soil tests conducted (*Soil lab tests only required every 3 years after initial audit*) | [ ]  Yes [ ]  No | *If yes, please provide results.* |
| Soil in-field tests conducted *(in-field health tests required annually before or at audit)* | [ ]  Yes [ ]  No | *If yes, please provide results.* |
| Biodiversity  | [ ]  Yes [ ]  No | *Please provide updated Native Flora and Fauna Tracker.* |
| Waste Management (including wastewater) | [ ]  Yes [ ]  No |  |
| Other | [ ]  Yes [ ]  No |  |
| VI. Animal Welfare |
| Annual Update and Audit Report | [ ]  Yes [ ]  No | *Please provide.* |
| Livestock Management (*i.e. physical modifications, slaughter methods)* | [ ]  Yes [ ]  No |  |
| Transport | [ ]  Yes [ ]  No |  |
| Other | [ ]  Yes [ ]  No |  |
| VII. Farmer & Worker Fairness |
| Annual Update & Audit Report (applicable for Gold Level only) | [ ]  Yes [ ]  No |  |
| Personnel & Labor Hire (e.g., number of workers onsite, changes to policies & procedures, new service providers, etc.) | [ ]  Yes [ ]  No |  |
| WH&S practices | [ ]  Yes [ ]  No |  |
| Legal Compliance (e.g., changes to HR policies, anti-discrimination, etc.) | [ ]  Yes [ ]  No |  |
| Workers Quarters *(describe any changes to workers quarters)* | [ ]  Yes [ ]  No |  |
| Recordkeeping | [ ]  Yes [ ]  No |  |
| Complaints | [ ]  Yes [ ]  No |  |
| Other | [ ]  Yes [ ]  No |  |
| **SECTION 3 – NON-CONFORMANCES FROM PREVIOUS AUDIT** |
| Have you implemented any changes based on non-conformances and observations from previous external audit? | [ ]  Yes [ ]  No |
| If Yes, please provide an update on actions taken to address non-compliances issued at the last external and internal audits. |
| **Non-Conformance or Observation** | **Action Taken*****Any relevant documents must be submitted with this form to the ACO office.*** |
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| **SECTION 4 – ADDITIONAL PROPERTY DETAILS** |
| Additional Property Details 1(if applicable) | Adress | Land Area: |
| Additional Property Details 2(if applicable) | Adress | Land Area: |
| Additional Property Details 3(if applicable) | Adress | Land Area: |
| Additional Property Details 4(if applicable) | Adress | Land Area: |
| Additional Property Details 5(if applicable) | Adress | Land Area: |
| **SECTION 6 – DECLARATION** |
| Please sign this Statement:* I/we have access to the current Regenerative Organic Certified Framework.
* I/we have understood the Regenerative Organic Certified Framework requirements for certification.
* I/we hereby request ACO to review our certification and agree to pay all relevant fees and charges associated with the audit and review as per the current fee schedule.
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| **Name (print)** | **Signature** | **Date** |