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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.** | | | | | | | |
| **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. | | | | | | | |
|  | | | |  | | |  |
| **Name (print)** | | | | **Signature** | | | **Date** |