INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

All sections of this document must be completed. If any sections or questions within sections are not relevant to your business, these must be marked with “Not Applicable” or “N/A

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| **General Information** | | |
| Business Name |  | |
| Trading As |  | |
| Physical Address(es) |  | |
| Year first certified |  | |
| List any current or previous certification by other certification bodies | |  |
| Have you ever been denied/suspended from certification? If YES, describe the circumstances | | YES  NO |
| Do you have any other QA program or Food Safety certification? If YES, please specify (e.g., Freshcare, HARPS, HACCP) | | YES  NO |
| Do you have access to the current Certified Sustainable Standard? | | YES  NO |
| Provide a brief description of your operation and activities to be included in certification | |  |
| List all products requested for certification  Total number: | |  |
| Is your operation  Primary Processor  Contract Processor (list all operations you are contract processing for) | | |

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| **Off-Site Facility/Contract Processing** | | | | |
| Do you use any off-site facilities or contract processing facilities (if YES please declare below) | | YES  NO | | |
| Name of contract off-site/processing facility (please include storage facilities) | Location (include GPS data) | | Contact details | Certification Body |
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| **Product Composition and Labelling** | | | | |
| List all products labelled or planned to be labelled as Certified Sustainable (Client Product Assessment Spreadsheet must be filled out for each product) | | | | N/A |
| Are any synthetic inputs used in any of the Certified Sustainable products? (if YES please list products below) | | | | YES  NO |
| Product Name | | | | N/A |
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| Do you have a process to ensure product labeling claims are compliant and certified claims / logos used are approved by ACO prior to printing? Describe | | | YES  NO | |
| Water | | | | N/A |
| Source of water  municipal  on-site well  other, please specify | | | | |
| Does water meet the standard of drinking water | | | | YES  NO |
| What on-site water treatment processes are used? | | | | N/A |
| Is steam used in the processing or packing of products?  If YES please describe the process | | | | YES  NO |
| Describe how you monitor water quality |  | | | |
| How often do you conduct water quality monitoring?  weekly  monthly  annually  other, please specify | | | | |

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| **Record Keeping System – W**hich of the following records do you keep for production? | | |
| Incoming  Purchase Orders  Contracts/agreements  Invoices  Receipts  Bills of loading  Customs forms  Quality test results  Certificates of analysis  Supplier certification  Transaction certificates  non-GMO verification  non-irradiated verification  non-synthetic chemical residues verification  Other, please specify  In-Process  Blending records  Production records  Equipment cleaning records  Sanitation records  Packing records  QA reports  Other, please specify  Storage  Ingredient inventory records  Label inventory records  Packaging inventory records  Finished goods inventory storage  Other, please specify  Outgoing  Shipping log  Transport declaration  Transport cleaning records  Bills of loading  Purchase orders  Sales orders  Complaint log  Other, please specify | | |
| How long do you keep records? |  | |
| Do batch records include production date, lot numbers, amount and type of ingredients and inputs used? | | YES  NO |
| Do records include yield (documenting product loss during processing)? | | YES  NO |
| Do records include new lot number of finished product? | | YES  NO |
| Describe your lot numbering system |  | |
| Does your record keeping system track the finished product back to all ingredients? | | YES  NO |
| Does your record keeping system balance ingredients in and out? | | YES  NO |
| What records are kept for non-certified products? | | |
| Where do you sell your product?  direct to retail  contract to buyer  wholesale  bulk commodities to processor  other (specify) | | |
| Do you use or plan to use the certified sustainable trademark on product labels or market information? Attach copies of all product labels, all labels must be approved in writing by ACO prior printing | | YES  NO |
| Do you intend to export any certified sustainable products? | | YES  NO |
| Do you have a process for ensuring product meets importing country requirements and export documentation is obtained prior to export good? | | YES  NO |

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| Risk Management | | | | | | | | | | | | | | |
| Please note that all processing must occur within a certified facility with no contamination risk to the final product. Procedure that includes the risk management for integrity of certified product must be documented and reviewed on an annual base. | | | | | | | | | | | | | | |
| Product flow chart and floor plan | | | | | | | | | | | | | | |
| Attach a complete written description or schematic flow chart which shows the movement of all certified products, from incoming/receiving through production to storage to outgoing/shipping. Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified. Attach a floor plan of your facility including GPS data | | | | | | | | | | | | | | YES |
| Integrity | | | | | | | | | | | | | | |
| What documents do you have in place to address areas of potential co-mingling and/or contamination? (i.e., Quality Assurance Manuals, Integrity Programs) | | | | | |  | | | | | | | | |
| List specific control points you have identified in your process and state how you have addressed these points to keep the integrity of the product. | | | | | |  | | | | | | | | |
| Do Quality Assurance procedures identify functional positions and persons that have authority for policy management and execution of the Certified Sustainable Standard? | | | | | |  | | | | | | | | |
| Suppliers | | | | | | | | | | | | | | |
| Do you have a supplier approval procedure to evaluate and approve new suppliers? | | | | | | | | | | | | | YES  NO | |
| Describe your supplier approval program. Please note that new suppliers must be approved by ACO prior to use | | | | | |  | | | | | | | | |
| How frequently do you review supplier certification for validity and full listing of product sourced?  with each shipment  Monthly  Annually  Other, please specify | | | | | | | | | | | | | | |
| Describe how procedures are monitored and controlled for status, revision, amendment, replacement, and distribution. | | | | | |  | | | | | | | | |
| Monitoring | | | | | | | | | | | | | | |
| Do you have a Quality Assurance Program in place? If YES please indicate the program  ISO  HACCP  Other, please specify | | | | | | | | | | | | | YES  NO | |
| Are any external quality assessment services used? If YES please indicate company | | | | | | | | | | | | | YES  NO | |
| Product testing | | | | | | | | | | | | | | |
| Please tick all testing  Ingredients tested prior to purchase  Products tested during production  Ingredients tested upon receipt  Finished product tested  Other, please specify | | | | | | | | | | | | | | |
| How do you prevent the use of ingredients produced using excluded methods (Genetic Engineering) or ionising radiation?  GE testing  Verification letters from suppliers  Others, please specify | | | | | | | | | | | | | | |
| Are ingredient samples retained? If YES, how long? | | | | | | | | | | | | | YES  NO | |
| Are finished product samples retained? If YES, how long | | | | | | | | | | | | | YES  NO | |
| Do you have a documented recall procedure? | | | | | | | | | | | | | YES  NO | |
| Does the recall procedure include ACO to be notified in the event of a product recall? | | | | | | | | | | | | | YES  NO | |
| Equipment | | | | | | | | | | | | | | |
| List all equipment used | | | | | | | | | | | | | | |
| **Equipment name** | | **Capacity** | | | **Tick if equipment is cleaned prior to use for certified product** | | | | | **Tick if cleaning id documented** | | **Tick if equipment is purged prior to use for certified product** | | |
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| If equipment is purged, list and describe purge procedures, quantities purged and documentation | | | | |  | | | | | | | | | |
| Sanitation | | | | | | | | | | | | | | |
| List all cleaning methods used  Sweeping  Steam cleaning  Scraping  Sanitizing  Vacuuming  Compressed air  Manual washing  Other, please specify | | | | | | | | | | | | | | |
| Describe measures taken that no cleaning residue comes in contact with certified product? | | | | |  | | | | | | | | | |
| Do you test surfaces or rinse surface after contact with cleaning/sanitizing products? | | | | |  | | | | | | | | | |
| Do you have a cleaning procedure/manual in place? | | | | |  | | | | | | | | | |
| Packaging | | | | | | | | | | | | | | |
| What type of packaging is used  Paper  Cardboard  Wood  Glass  Metal  Foil  Plastic  Waxed paper  Aseptic  Natural fibre  Synthetic fibre  Other, please specify | | | | | | | | | | | | | | |
| Where are packaging materials stored? | | | | |  | | | | | | | | | |
| Describe how you ensure that packaging used is not contaminated. | | | | |  | | | | | | | | | |
| Are any fungicides, fumigants, or pest control products used in these storage areas? If YES, please describe products used | | | | | | | | YES  NO | | | | | | |
| Transport | | | | | | | | | | | | | | |
| Incoming goods | | | | | | | | | | | | | N/A | |
| How are incoming goods received  Dry bulk  Liquid bulk  Tote bags  Tote boxes  Metal drums  Cardboard drums  Paper bags  Foil bags  Other, please specify | | | | | | | | | | | | | | |
| Describe how incoming goods are transported including contract transport companies, transportation with conventional product, segregation of goods | | | | | | |  | | | | | | | |
| What steps are taken to keep the integrity of the product  Use of separate pallets  Pallet tags identifying certified product  Shrink wrapping  Separate are in transport unit  sealed impermeable containers  Other, please specify | | | | | | | | | | | | | | |
| If received from outside Australia how do you verify that imported ingredients/products (certified and non-certified) are not fumigated/treated with prohibited inputs or methods during transit/importation?  Please provide examples of records kept. | | | | | | |  | | | | | | | |
| Outgoing Goods | | | | | | | | | | | | | | |
| How are outgoing goods shipped?  Dry bulk  Liquid bulk  Tote bags  Tote boxes  Metal drums  Cardboard drums  Paper bags  Mesh bags  Plastic crates  Cardboard boxes  Other, please specify | | | | | | | | | | | | | | |
| Describe how outgoing goods are transported including contract transport companies’ transportation with conventional product, segregation of goods | | |  | | | | | | | | | | | |
| What steps are taken to keep the integrity of the product  Use of separate pallets  Pallet tags identifying certified product  Shrink wrapping  Separate are in transport unit  sealed impermeable containers  Other, please specify | | | | | | | | | | | | | | |
| Pest Management | | | | | | | | | | | | | | |
| Describe pest management including responsible personal | | |  | | | | | | | | | | | |
| Tick all pest problem you encounter  Flying insects  Crawling inspects  Rats  Mice  Spiders  Birds  Other, please specify | | | | | | | | | | | | | | |
| Tick all pest management in use  Removal of exterior habitat/food sources  Incoming ingredient inspection for pests  Positive air pressure in facility  Sealed doors and/windows  Crack and crevice spray  Freezing treatments  Mechanical traps  Carbon dioxide  Monitoring  Fumigation  Sheet metal on sides of building exterior  Inspection zones around interior perimeter  Screened windows, vents etc.  Repair of holes, cracks, etc.  Ultrasound /light devices  Clean up spilled product  Release of beneficials  Scary eye balloons  Vacuum treatments  Good sanitation  Electrocutors  Sticky traps  Fogging  Precipitated silica  Vitamin baits  Nitrogen  Pheromone traps  Physical barriers  Air curtains  Mowing  Heat treatments  Air showers  Pyrethrum  Other, please specify | | | | | | | | | | | | | | |
| Describe how you ensure that certified product is not contaminated | | | |  | | | | | | | | | | |
| Do you keep records of pest management activities? | | | | | | | | | | | | | YES  NO | |
| Pesticide use | | | | | | | | | | | | | N/A | |
| **Substance** | **Target Pest** | | | | | **Location used** | | | **Method of application** | | **Date of last application** | | | |
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| Do you keep records of pest applications? | | | | | | | | | | | | | YES  NO | |

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| **Environmental, Social and Governance (ESG)** | | | |
| Describe how you evaluate resource allocation and potential scarcity | |  | |
| Describe how you evaluate waste management and potential pollution sources | |  | |
| Describe how you evaluate product life-cycle assessment including  Design or new product development  Source of raw material  Manufacturing  Packaging and Distribution  Product use  End of life – disposal or recycling of packaging | |  | |
| Describe the baseline calculations results of GHG Emissions through the use of input-based Carbon emission calculator or similar tools and provide a copy of the GHG Emission Calculator | |  | |
| Describe how you uphold stakeholder expectations and engagement including shareholders, employees, customers, and regulators (i.e., newsletters, social media, feedback surveys, public comment submissions) | |  | |
| Describe how you evaluate the recycling and re-use of inputs and outputs | |  | |
| Describe how you evaluate your supply chain | |  | |
| Describe how you evaluate animal welfare practices, including livestock processing | |  | |
| Describe how you evaluate the efficient use of plant, equipment, and other resources such as power, fuel, and inputs in consideration of Scope 1, 2 and 3 emissions | |  | |
| Describe how the United Nation’s Sustainability Development Goals apply to your business | | | |
| 1 | No Poverty |  | |
| 2 | Zero Hunger |  | |
| 3 | Good health and well-being |  | |
| 4 | Quality Education |  | |
| 5 | Gender Equality |  | |
| 6 | Clean Water and Sanitation |  | |
| 7 | Affordable and clean energy |  | |
| 8 | Decent work and economic growth |  | |
| 9 | Industry, Innovation, and Infrastructure |  | |
| 10 | Reduced inequality |  | |
| 11 | Sustainable cities and communities |  | |
| 12 | Responsible consumption and production |  | |
| 13 | Climate action |  | |
| 14 | Life below water |  | |
| 15 | Life on land |  | |
| 16 | Peace, justice, and strong institutions |  | |
| 17 | Partnership for the goals |  | |
| Describe how you evaluate climate risk | |  | |
| How often do you undergo review of Environmental, Social, and Government (ESG) evaluation? | |  | |
| Do you document evaluations and reviews | | | YES  NO |

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| **AFFIRMATION** | | | |
| I affirm that all statements made in this Management Plan are true and correct. I agree to comply with the Food Standard of Australia and NZ and the Certified Sustainable Standard. I understand that the facility may be subject to unannounced audit and/or certified products may be sampled and tested for residues/GMO at any time. I agree to provide further information as required by ACO. | | | |
| Name |  | Title |  |
| Signature |  | Date |  |

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| Annual Review | | | | | |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |