

FRESHCARE Assessment Request

AUS-QUAL APPLICATION FOR FOOD SAFETY STANDARDS

To prevent delay in processing your Application and being added to our schedule, please complete **ALL** sections of this form, and return to fresh@ausqual.com.au or PO Box 3403, TINGALPA QLD 4173. Your application will not be processed until a completed & signed copy is received. **Please reply promptly to all requests to update the form to prevent delays.**

In what month is your audit required:

(Sites must be operational/in harvest during the Audit and packing if HARPS is applicable)

COMPANY DETAILS

Trading Name: _____

Company Name: _____ ABN: _____
(as per registered ABN)

Contact Person: _____ Position: _____

Contact Number/s: _____ Email: _____

Additional Contact/s: _____

Please provide name, position, mobile and email _____

Main Site to be audited

Street Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal Address: *(if different)* _____

Activities taking place on this site: *(for example: growing, packing, other - please specify)*

Facilities on this site: *(for example: pack shed, water source/s, chemical storage, fertiliser storage, produce storage, other - please specify)*

Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

Total number of sites to be certified: _____ *Please complete the additional site details on [page 4](#)*

Is your business part of a formally constituted grower group or co-operative? Yes No

Name of Group/Co-operative: _____

SCOPE OF AUDIT & REQUIREMENTS

Freshcare Standards Required & Audit Scope *Please check all that apply to your business*

Food Safety & Quality		Yes	No	Supply Chain			Yes	No
Grower	Packer			Packer	Fumigation	Broker/Agent		
				Ripener	Transporter	Wholesaler		
				Storage	Providore	Marketing Group		

Freshcare Category/ies

Fresh Produce	Fresh Produce for Processing		
Coffee	Hydroponic	Protected Cropping	Spices
Flowers and Foliage	Nut in Shell	Reef Assured	Tea
Fodder Crops	Olives	Seedlings	

HARPS Yes No *please check your Tier & all the Retailers you supply directly to:*

Aldi	Coles	Costco	HelloFresh	Metcash	Woolworths
Tier _____					

Additional Programs to be audited by AUS-QUAL: (e.g. HACCP, SQF, GLOBALG.A.P)

Please list Fresh Produce Supplied below

Crop	Freshcare only or Freshcare/Harps	Crop	Freshcare only or Freshcare/Harps

Exclusions: _____
(Other crops grown by the businesses that will be excluded from Freshcare Certification)

Harvest Months: *Please check the relevant harvest months that apply to your business*

ALL	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Packing/Operational Months: *Please check the relevant packing/operational months that apply to your business*

ALL	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Number of Employees:

Full Time _____ Casual _____ Contract _____



ADDITIONAL INFORMATION REQUIRED

Please list the details of your Freshcare Training below.

(Applications cannot be processed until Freshcare Training is complete. Please include a copy of your training certificate)

Name of Freshcare Trainer and/or Training Group: _____

Name of the Site Trained Representative: _____

Name of Freshcare Training Course: (e.g. FSQ4.2, ENV3) _____ Date Completed: _____

Has a consultant ever been engaged to assist with your Freshcare Certification? Yes No

If yes, please provide the Consultant's name: _____

Are you currently certified by AUS-QUAL and/or another Certification Body? Yes No

IF YES – Please provide details and include the most recent Audit Report with closed CARs and current Certificate/s.

Name of Certification Body: _____ Current Audit Month: _____

Program/s: (e.g. Freshcare, BRCGS, GLOBALGAP, SQF) _____ Certificate Expiry Date: _____

Last Unannounced Audit Year: _____ Nominated Unannounced Audit Year: _____

ACKNOWLEDGMENTS

1. I acknowledge that when additional sites are listed above, all sites will be visited at the Initial Audit; for Recertification Audits, all sites with input storage and handling and/or product storage and packing activities will be visited. Site visits to the remaining sites will be managed via a risk-based process.
2. I have provided previous Audit Reports (With Closed CARS) and Certificate/s if transferring from another Certification Body.
3. Subsequent changes not identified in this form that may impact your application must be reported to AUS-QUAL in writing. This may include (but is not limited to) changes to scope, crop, sites, ABN/Company Name, and change in ownership/management.

TERMS AND CONDITIONS

1. The Applicant affirms the details provided in this assessment are correct.
2. The Applicant agrees to comply with all Conditions of Certification (including Rules and Procedures of the relevant Standard/s, use of Marks License, Fees, and Charges etc. as applicable).
3. The Applicant acknowledges that a contract for the supply of Certification Services will exist upon AUS-QUAL'S acceptance of this Application and the Applicant's acceptance of AUS-QUAL's Proposal.

Signature of Applicant or Authorised Officer: _____ Date: _____

Full Name of Signatory: _____ Position: _____

AUS-MEAT PRIVACY STATEMENT

This application is made to AUS-MEAT Limited trading as AUS-MEAT, AUS-QUAL (AUS-MEAT)

The information being collected may be personal information. AUS-MEAT collects this information for the purpose of providing and assisting Freshcare improve its program. Any personal information that is collected by AUS-MEAT is for that purpose only. AUS-MEAT respects the privacy of individuals. Generally, AUS-MEAT does not release personal information. However, in response to a legal requirement, in an emergency or in exceptional circumstances the CEO may at their discretion authorise the release of personal information. In all other circumstances the AUS-MEAT privacy policy governs the collection, the use and disclosure of personal information.

Please help us by advising us why you chose AUS-QUAL today and how you heard about us.

Referred by: (if applicable) _____



ADDITIONAL SITES TO BE CERTIFIED (if applicable)

ADDITIONAL SITE 1

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 2

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 3

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 4

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 5

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 6

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

ADDITIONAL SITE 7

Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____
Activities taking place on this site: _____
Facilities on this site: _____
Property size: _____ Growing area: _____ Packing/Warehouse Facilities: _____ Sqm

