

Business/ Trading Name:			
Cert No.		Client Name	

Australian Certified Organic Pty Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5706 Fax: 07 3350 5996 info@aco.net.au www.australianorganic.com.au



ACO – CERTIFIED CLIENT STATEMENT AND ORGANIC HANDLING PLAN UPDATE WHOLESALE/RETAILER/EXPORTER

****Please keep the original and give a copy to the auditor. The Auditor completing your annual audit will witness your signature and return the document to ACO Head office together with your audit report. (If you are currently JAS or NOP certified, please send a copy of this form to the ACO office BEFORE your annual audit for document review)***

Please complete this form, providing details/activities since your last audit. All relevant sections must be completed to ensure accurate information is recorded on your Licence Agreement and Certification Certificate.

As this Declaration is covering a wide range of sectors, some questions may not relate to your industry. If so, please mark "N/A". If extra information is to be supplied (eg copies of sections of your business' Organic Management Plan or related HACCP manual/s) please append these to this declaration and note next to the relevant questions that this is so.

SECTION ONE: General Information

1) Owner FIRST NAME		SURNAME	
2) Contact Person FIRST NAME		SURNAME	
3) Contact Person FIRST NAME		SURNAME:	
TRADING NAME:			
CERTIFICATION NUMBER:		CERTIFICATION DESCRIPTION:	
CERTIFIED PRODUCTS:			
Postal Address			
Certified Facility Address			
Surname		Given Names	
<input type="checkbox"/> Phone		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Fax		<input type="checkbox"/> Email	
2 nd Certified Facility Address			

***IF THIS CERTIFIED CLIENT STATEMENT APPLIES TO MORE THAN 2 FACILITIES, PLEASE PROVIDE THE ABOVE INFORMATION FOR EACH ADDITIONAL PROPERTY.**

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Date of last audit:		Year first certified:	
Type of operation:			
What year did you last submit a complete Organic Handling Plan?			
Have you reviewed your last complete Organic Handling Plan prior to completing this update?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date that OHP was reviewed:		
Do you have a current copy of the Standard? (Australian Organic Standard, NOP, JAS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Standard name & Version:		
Estimated annual total production	% Organic	% non-Organic	

SECTION TWO: Description of Measures Taken to Meet Previous Year’s Corrective Action Requests

This is an important part of your annual application. Failure to address previous requirements could result in suspension of certification. Please refer to last year’s Licence Agreement and Audit report.

Were there any Corrective Action Requests from last year’s audit? Yes No

a) If yes, please complete the following table, listing each CAR and the action taken to address the CARs. Attach relevant documents if necessary.

Corrective Action Requests	Action taken to address the CAR

SECTION THREE: Approved Supplier Program - List products, handled at the facility, which are certified by other organic certifying bodies.

Supplier	Product	Certifying body	Certification number	Is product relabelled or repacked?

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SECTION FIVE: Exports - list exported products.

Product	Volume	Destination country

SECTION SIX: Pesticide use information of the last 12 months (attach MSDS and/or labels, facility trap maps etc..)

Substance	Target Pest	Location where used	Method of application	Date of last application

SECTION SEVEN: Sales & Packing

***PLEASE ATTACH A COPY OF ALL CURRENT LABELLING DESIGNS AND / OR ARTWORK.**

8 a) Have you designed/printed **new labels and or packaging during the year?**

- NO
- YES (if yes, please specify)

Was prior approval sought from ACO prior to printing?

- NO
- YES (if yes, please specify)

8 b) Please specify details of produce sent **to outside packers /offsite storage**

Company Name	Address	Certification Number	Other Cert (HACCP/QA)	Produce sent

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SECTION EIGHT: Organic Handling Plan Update

Have you added any of the following since last audit:

New Facility (Facility Map required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
New Storage Facility	<input type="checkbox"/> NO	<input type="checkbox"/> YES
New Export Markets	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Other (Please Specify):	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Have you changed any of the following:

Equipment	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Product Flow (Updated Flowchart showing Organic Control Points required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Labelling	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Packaging	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Pest Management / Inputs (MSDS required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Sanitation Management / Inputs (MSDS & Verification of AQIS registration required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Water Source, Quality and/or Usage (Copy of Water Test required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Waste Water Disposal	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Waste Product or By-Product Disposal	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Product Storage (Updated Facility Map Required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Transportation	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Record Keeping	<input type="checkbox"/> NO	<input type="checkbox"/> YES
QA, HACCP or other Certification	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Buildings / Infrastructure (New Facility Map required)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Other (Please Specify):	<input type="checkbox"/> NO	<input type="checkbox"/> YES

***If you have ticked “YES” to any of the above, please summarise changes on the following page.
 *Please also update your Organic Handling Plan to cover all aspects of management. Give a copy of the updated pages or entire updated OHP to the auditor. Attach a copy of relevant documents, as necessary.**

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SECTION NINE: Organic Handling Plan Update – Summary of changes made

SECTION TEN: Affirmation

I affirm that all statements made in this Certified Client Statement are true and correct. I agree to comply with the Food Standard of Australia and NZ, (where relevant) and the Australian Organic Standard and other relevant international organic standards (ie NOP, JAS). I understand that the facility may be subject to unannounced audit and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by ACO.

Name: _____ Title: _____

The following documents attached, as required.

- Product flow chart (outline Organic Control Points)
- Facility map
- Ingredient Declaration sheet for each product
- Pest management map of traps and monitors
- MSDS for sanitizer and pest control substance
- Other, specify:

CLIENT SIGNATURE:			
	Print Full Name Clearly	Signature	Date
AUDITOR SIGNATURE:			
	Print Full Name Clearly	Signature	Date

Please attach a flow chart to outline the manufacturing process.

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