

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



***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 BFA Head office together with your audit report.

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 Registered Product Certificate.

As this Declaration is covering a wider 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' Registered Product Management Plan or related HACCP manual/s) please append these to this declaration and note next to the relevant questions that this is so.

***Please check all client details and property information inserted below and amend and correct as required.**

SECTION ONE: General Information

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

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

***INGREDIENT DECLARATIONS NEEDS TO BE COMPLETED FOR EACH ADDITIONAL PRODUCT**

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



Date of last audit:		Year first registered:	
Type of operation:			
What year did you last submit a complete Registered Product Handling Plan?			
Have you reviewed your last complete Registered Product Handling Plan prior to completing this update?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date that HP was reviewed:		
Do you have a copy of the current Standard? (BFA Standard)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Standard name & Version:		
Estimated annual total production	% Registered Product	% Not Registered	

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: 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

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



SECTION FOUR: Sales & Packing

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

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

- NO
- YES (if yes, please specify)

Was prior approval sought from BFA prior to printing?

- NO
- YES (if yes, please specify)

7 b) Please specify details of contract manufacturer/off site storage.

Company Name	Address	Registered Product Number	Other Cert (HACCP/QA/OMRI/ EU)

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



SECTION FIVE: Registered Product Handling Plan Update

Have you added any of the following since last audit:

- | | | |
|--|-----------------------------|------------------------------|
| New Product Seeking Registration
(Ingredient Declaration for each product required) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Registered Product (Already Approved by BFA) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Processing Facility
(Facility Map required) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Storage Facility | <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:

- | | | |
|---|-----------------------------|------------------------------|
| Processing Equipment | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Product Flow
(Updated Flowchart showing 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 Registered Product Handling Plan to cover all aspects of management. Give a copy of the updated pages or entire updated HP to the auditor. Attach a copy of relevant documents, as necessary.**

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



SECTION SIX: Registered Product Handling Plan Update – Summary of changes made

SECTION SEVEN: Affirmation

I affirm that all statements made in this Certified Client Statement are true and correct. I agree to comply with necessary Government regulations and the BFA Organic Standard. I understand that the facility may be subject to unannounced audit and/or Registered Products may be sampled and tested for residues at any time. I agree to provide further information as required by BFA.

Name: _____ Title: _____

The following documents attached, as required.

- Product flow chart (outline 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

Business/ Trading Name:	«operation_name»		
Cert No.	«cert_no»	Client Name	«firstname» «surname»

Biological Farmers of Australia Co-op Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5716 Fax: 07 3350 5996 info@BFA.com.au www.bfa.com.au

BFA – REGISTERED CLIENT STATEMENT AND HANDLING PLAN UPDATE



INGREDIENT DECLARATION SHEET - New products/changes to ingredients

TRADING NAME: _____ Date: _____

PRODUCT NAME: _____

Please tick: Additional Product Changes to the current Registered Product

INGREDIENTS	PERCENTAGE <i>(EXCLUDE SALT AND WATER)</i>	SUPPLIER	CERTIFIER <i>(ATTACH A COPIES OF CERTIFICATES)</i>
	TOTAL = 100%		

Please attach a flow chart to outline the manufacturing process.