



For office use only

ACCOUNT #	
REGION	
CODE	
FSP	
# DAYS	
PROMAN	

Name of Person completing this form: _____

How did you hear about our services?

- Customer Requirement
- Internet Search
- _____

The AIB International Inc. GMP inspection is **NOT A "CERTIFICATION" AUDIT.** It is a standard assessment and statement of performance measured against the AIBI Consolidated Standards for Inspection and its associated templates.

What type of audit/ inspection do you want to schedule?

- Food Safety/ GMP
- Food Contact Packaging (GMP)
- Nonfood Contact Packaging (GMP)
- Food Security/ Food Defense
- FDA Preparedness Inspection
- Global Markets Assessment
- Other _____

PHYSICAL ADDRESS OF FACILITY TO BE AUDITED

MAILING ADDRESS OF FACILITY TO BE AUDITED

PLANT NAME _____
 STREET #1 _____
 STREET #2 _____
 CITY/STATE/ZIP _____
 COUNTRY _____
 TELEPHONE # _____

PO BOX _____
 CITY/STATE/ZIP _____
 COUNTRY _____
 FAX # _____

TYPE OF FACILITY (food manufacturing, distribution center, etc.) (Required) _____

PRODUCT (food, packaging materials, etc.) (Required) _____

SIZE OF FACILITY Specify sq.\ft., sq.\m., acreage/# of fields, etc. (Required) _____

SPECIFY ANY AREAS OF THE OPERATION TO BE EXCLUDED FROM THE INSPECTION, INCLUDING THE SIZE (sq. ft./ sq. m.) OF THE EXCLUDED OPERATION _____

NUMBER OF FTE EMPLOYEES AT FACILITY _____

NUMBER OF PRODUCTION LINES _____

SPECIFY TIME FRAME OF AUDIT

(Month (Jan., April, Oct. etc.) OR processing season) _____

INDICATE # OF AUDITS REQUIRED PER YEAR

(Audits will occur yearly unless client informs AIB otherwise.) _____

Is this a one-time audit? Yes No

WOULD YOU LIKE YOUR FIRST AUDIT TO BE CONSIDERED TRAINING/NOT SCORED?

Unscored training audit Scored audit

ANNOUNCED

OR **ANNOUNCED**

OR **UNANNOUNCED**

(ONLY the notification person listed on p. 2 will be told the audit date.)

TO CORPORATE ONLY

(Audit date will **NOT** be provided to anyone.)

PLEASE PROVIDE ANY DATES WE SHOULD AVOID SCHEDULING YOUR AUDIT. _____

Once you have confirmed your audit, you must give us **AT LEAST 22 DAYS NOTICE IF YOU NEED TO CANCEL.**

Please note that once the dates are confirmed, a request to cancel or change confirmed or unannounced events including dates, location or activity within 21 calendar days will result in a charge for the lost time and any expenses already incurred, unless the request is a result of force majeure (disaster or catastrophe).

NOTIFICATION PERSON <i>(Who should be informed of the date of an announced audit?)</i>	
NAME	TELEPHONE NUMBER
JOB TITLE	EMAIL ADDRESS
NAME OF COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP CODE	
RECEIVE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FACILITY CONTACT	
NAME	TELEPHONE NUMBER
JOB TITLE	EMAIL ADDRESS
NAME OF COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP CODE	
RECEIVE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INVOICE RECIPIENT (WHO IS RESPONSIBLE FOR THE INVOICE?)	
NAME	TELEPHONE NUMBER
JOB TITLE	EMAIL ADDRESS
NAME OF COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP CODE	
RECEIVE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DOES YOUR FACILITY REQUIRE A PURCHASE ORDER #?
(MUST be provided if YOUR company requires a PO# to pay the invoice.)

Yes No

If yes, please provide the PO # here: _____

COMPANY VAT NO: *(Required for EU Member Countries)* _____

PEOPLE AT THE FACILITY ADDRESS WHO SHOULD RECEIVE A COPY OF THE REPORT.	
Name	Email
Name	Email

SUPPLIER TO? <i>(Name of company(s) that the audited facility supplies that require third party audits.)</i>	EXPORT TO? <i>(Countries)</i>

*CUSTOMER(S) WHO SHOULD RECEIVE A COPY OF THE REPORT.	
Name/ Title/ Company	Email
Name/ Title/ Company	Email
Name/ Title/ Company	Email

***PLEASE NOTE:** AN AUTHORIZATION FORM FOR EACH CUSTOMER LISTED ABOVE WILL BE SENT TO THE NOTIFICATION PERSON INDICATED ON THIS FORM. THE AUTHORIZATION FORM MUST BE SIGNED AND RETURNED TO AIBI BY THE CUSTOMER BEFORE THE AUDIT REPORT WILL BE SENT TO THEM.

RECOGNITION DOCUMENT RECIPIENT: _____

COMPANY NAME AND LOCATION AS YOU WANT IT TO APPEAR ON THE RECOGNITION DOCUMENT:

Company Name: _____
 City, State: _____
 Country: _____

Data Protection Information

All personal information provided on this form will be stored and only disclosed in accordance with relevant data protection legislation. Any person (s) listed in the above sections has/have the right to access relevant personal information held by AIB International. In the event that any of the personal information is or becomes incorrect, then the relevant person may request AIB International to amend such information. For the purposes of data protection legislation, the data controller of any personal data processed as a result of processing or storage of this form is AIB International.