

APPLICATION FORM:

AQUACULTURE STEWARDSHIP COUNCIL CERTIFICATION

01 | APPLICANT INFORMATION

APPLICANT DETAILS

Organisation				
Address				
			Phone	
Tax Status	Registered Business	Yes	No	ABN/Reg. No
Website				
Contact	Name			
	Position			
	Email			
	Phone		Mobile	

ORGANISATION DESCRIPTION

Description	No. Employees		No. Hatcheries &/or Nurseries	
Travel Time	Estimate from airport to	Farm Sites	Head Office	Processing Plant
Please provide a short description of your company and the production unit(s) including activities, history, management system, facilities and equipment used:				

02 | SERVICE

SERVICE REQUIRED

Species	Abalone		Bivalve	
	Flatfish		Freshwater Trout	
	Pangasius		Salmon	
	Seabass/Seabream/Meagre		Seriola & Cobia	
	Shrimp		Tilapia	
	Tropical Marine Finfish		ASC-MSC Seaweed	

02 | SERVICE continued

Audit Type	Pre-assessment: Remote		Pre-assessment: Onsite	
	Initial Full Assessment		Re-assessment	
	Surveillance Audit			

Certification Type	Single Site certification		Multi-Site certification		Group certification	

Indicate your preferred audit dates including the month and year, please note that harvest requires witnessing during initial full assessments.

1.	Preferred Audit Date		2.	Preferred Audit Date	
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Chain of Custody	Do you require MSC-ASC Chain of Custody certification?	Yes	No
	Are subcontractors used to handle, transport, store, or process certified products?	Yes	No
	Are certified and non-certified products mixed or substituted?	Yes	No

03 | BACKGROUND

CERTIFICATION			
1.	Has your company or any of the farm sites been certified according to another aquaculture certification scheme?		
	No	Best Aquaculture Practice	Global G.A.P
	Organic Aquaculture Certification		
	Other, specify		
2.	Are you certified in a management system standard (e.g., ISO, BRC GMP, IFS)?		Yes No
	Specify		
3.	Has your company or any of the farm sites been certified in an ASC farm assessment previously?		Yes No
	Specify Year	Specify Farm Site/s	
4.	Does your company currently hold a valid ASC farm certification issued by another certification body?		Yes No
	Specify CAB		
	Specify ASC Standard		
	Specify Date Valid	From / /	From / /
5.	Has your ASC farm certification ever been refused or withdrawn?		Yes No
	Specify Site		

UNIT OF CERTIFICATION

The Unit of Certification is an operation that is covered by a potential certificate. The UoC includes all production and processing sites including the receiving water bodies, any harvest sites such as production ponds, and all storage or processing operations (including subcontracted operations) up to the point where the product enters further chain of custody. Additional details will help us to prepare the inspection of your holding most effectively.

1.	Site Name			Identifier No. (if known)	
	Site Location			GPS Data	
	Site Size (ha)		Habitat	Marine	Freshwater Other
	Species			Species Latin Name (if known)	
	Production	Cages/Pens	Ponds	Raceways	Recirculating Other
	Harvest Season			Period of a Production Cycle (months)	
	No. of Workers			Annual Production Quantity (in MT)	
2.	Site Name			Identifier No. (if known)	
	Site Location			GPS Data	
	Site Size (ha)		Habitat	Marine	Freshwater Other
	Species			Species Latin Name (if known)	
	Production	Cages/Pens	Ponds	Raceways	Recirculating Other
	Harvest Season			Period of a Production Cycle (months)	
	No. of Workers			Annual Production Quantity (in MT)	
3.	Site Name			Identifier No. (if known)	
	Site Location			GPS Data	
	Site Size (ha)		Habitat	Marine	Freshwater Other
	Species			Species Latin Name (if known)	
	Production	Cages/Pens	Ponds	Raceways	Recirculating Other
	Harvest Season			Period of a Production Cycle (months)	
	No. of Workers			Annual Production Quantity (in MT)	

PRODUCTION CYCLE OF GROW-OUT SITES			
Please list information about the production cycle of the grow-out sites to be audited under the ASC Standard.			
1.	Site Name		
	Stocking Date		No. of Smotes Stocked
	Estimated Date at 75% Biomass		Last Benthic Assessment
	Estimated Start Harvest		Estimated End Harvest
2.	Site Name		
	Stocking Date		No. of Smotes Stocked
	Estimated Date at 75% Biomass		Last Benthic Assessment
	Estimated Start Harvest		Estimated End Harvest
3.	Site Name		
	Stocking Date		No. of Smotes Stocked
	Estimated Date at 75% Biomass		Last Benthic Assessment
	Estimated Start Harvest		Estimated End Harvest
4.	Site Name		
	Stocking Date		No. of Smotes Stocked
	Estimated Date at 75% Biomass		Last Benthic Assessment
	Estimated Start Harvest		Estimated End Harvest

SUBCONTRACTORS			
Please list information about subcontractors, including company name, activity and make any additional relevant comments.			
1.	Company Name		Activity
	Comment		
2.	Company Name		Activity
	Comment		
3.	Company Name		Activity
	Comment		
4.	Company Name		Activity
	Comment		

05 | DECLARATION

I declare that the above information is true and correct to the best of my knowledge and that I am duly authorised to sign this application. I agree to supply any information as needed for the audit of the operation(s) and/or product(s) to be certified and comply with the relevant standards should our company pursue and achieve certification.

Signature of Applicant	
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Position Held	
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Name	
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Date	
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