



## Request for Quotation Information

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### 1. Characteristics of the Operation:

- a. Location, if different from Head Office \_\_\_\_\_
- b. Total Plant Size (eg. ft<sup>2</sup> or m<sup>2</sup>) \_\_\_\_\_
- c. No. of Buildings: \_\_\_\_\_
- d. No. of Employees: \_\_\_\_\_
- e. 100% Organic  Yes  No
- f. Currently Certified by: \_\_\_\_\_  N/A

### 2. Nature & Volume of Production (Estimated)<sup>1</sup>:

Product/Service	Description		Annual Volume	
	Bulk	Retail Label <sup>2</sup>	Organic	Non-Organic
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<sup>1</sup>. Attach additional page(s) as required.

<sup>2</sup>. Indicate if the product bears a consumer label and the number of different labels for the product

- 3. Is there parallel production of the same products (organic and non-organic)?  Yes  No
- 4. Are Good Management Practices (GMP) protocols in place?  Yes  No
- 5. Does the facility have a Standard Operating Procedures (SOP) Manual?  Yes  No
- 6. Is the facility Hazard Analysis Critical Control Point (HACCP) accredited?  Yes  No
- 7. Is a Product Inventory System used?  Yes  No  
If YES, is it electronic?  Yes  No
- 8. Is an SOP for Pest Control in place?  Yes  No  
Are chemical pest control products used?  Yes  No
- 9. Are Genetically Modified (GMO) Ingredients used in the facility?  Yes  No  N/A
- 10. Are Good Laboratory Practices (GLP) used in the on-site laboratory?  Yes  No  N/A
- 11. Have all staff members been trained in organic food handling principles?  Yes  No

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**12. Is there dedicated storage for:**

- a. Organic Ingredients?  Yes  No
- b. Organic Finished Products?  Yes  No

**Is there signage identifying these areas?**  Yes  No  N/A

**13. Finished Product Form**

Bulk \_\_\_\_\_%      Consumer Packaging \_\_\_\_\_%

Bagged \_\_\_\_\_%      Totes \_\_\_\_\_%

Other \_\_\_\_\_%

**14. Number of facilities providing contracted organic services:** \_\_\_\_\_

**15. Number of Organic Suppliers:**

- a. Producers (estimated): \_\_\_\_\_
- b. Ingredient Suppliers: \_\_\_\_\_

**16. Specify the Standard(s)/Regulation(s) which you wish to be certified to**

- |  |   |
|--|---|
| <input type="checkbox"/> Canadian Organic Standard (COS) | <input type="checkbox"/> USDA National Organic Program (NOP) Regulation |
| <input type="checkbox"/> EEC Reg. 2092/91                | <input type="checkbox"/> USDA NOP Only                                  |
| <input type="checkbox"/> Bio-Suisse                      | <input type="checkbox"/> Quebec Organic Reference Standards             |
| <input type="checkbox"/> Japan Agricultural Standard     | <input type="checkbox"/> British Columbia Organic Standard              |
| <input type="checkbox"/> Other (Specify): _____          |   |

**17. List of Countries to export to:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**18. Comment/Questions:**

**Return to:  
Pro-Cert Organic Systems Ltd.**

**In Western Canada & USA:**

**Head Office**  
 Box 100A, RR#3, 475 Valley Road  
 Saskatoon, SK S7K 3J6  
 Phone: (306) 382-1299 Fax: (306) 382-0683  
 Email: info@pro-cert.org

**In Eastern Canada:**

**Eastern Branch Office**  
 2311 Elm Tree Road  
 Cambray, ON K0M 1E0  
 Phone: (705) 374-5602 Fax: (705) 374-5604  
 Email: infoebo@pro-cert.org

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