



For office use only

Account #	
Standard	
# Days	
Region	
Auditor	

BASIC INFORMATION:

Name of Person completing this form: _____

What type of inspection/consultation would you like to schedule?

- Food Safety (GMP)
- Food Contact Packaging (GMP)
- Nonfood Contact Packaging (GMP)
- Storage & Distribution (GMP)
- BRC Preparation Consultation
- IFS Preparation Consultation
- Other _____

**The Turpin Auditing and Consulting GMP
INSPECTION is
NOT A "GFSI" AUDIT.**

It is a standard assessment and statement of performance measured against the Turpin Auditing and Consulting Food Safety and Quality Control Standard.

FACILITY SPECIFICS:

PHYSICAL ADDRESS OF FACILITY TO BE INSPECTED

Facility Name _____
Facility Contact _____
name Street Name _____
City/State/Zip _____
Telephone _____

**MAILING ADDRESS OF FACILITY TO BE
INSPECTED**

PO Box _____
City/State/ Zip _____
E-mail Address _____

Type of Facility (food manufacturing, distribution center, etc.) (Required) _____

Product Made (food, packaging materials, etc.) (Required) _____

Size of Facility Specify sq.\ft., sq.\m., acreage/\# of fields, etc. (Required) _____

Specify any areas excluded from the Scope of the Inspection, Include the area (square footage of the area to be excluded) _____

Number of Employees working at the Facility _____

Number of Production Lines _____

Timeframe for scheduling the Inspection
(Month, Quarter, Growing, picking or processing season) _____

Would you like your first Inspection to be Scored or an
Unscored Consultation Inspection

Unscrewed Consultation Scored Inspection

Announced
We will notify the facility contact

Announced
To Corporate Only

OR

Unannounced
(Inspection date will NOT be
provided)

Blackout Dates (Days we should avoid scheduling your Inspection) _____

Inspection Notification Person (Who needs Notified of the Inspection Date)

Name	Telephone Number
Title	Email Address
Name of Company (If Different than Facility on Page One)	
Mailing Address	
City/State/Zip Code	
Report Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Invoice Recipient (Who needs to pay the bill?)

Name	Telephone Number
Title	Email Address
Name of Company (If Different than Facility on Page One)	
Mailing Address	
City/State/Zip Code	
Report Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Contact

Name	Name
Title	Title
Name of Company (If Different than Facility on Page One)	
Mailing Address	
City/State/Zip Code	
Report Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Type of Contact are they? Facility <input type="checkbox"/> Notification <input type="checkbox"/> Invoice <input type="checkbox"/>

People at the facility who also need a copy of the report who are not listed elsewhere.

Name	Email
Name	Email

Supply to?
(Name of customers that the Inspected facility supplies that require third party Inspections.)

Does your facility export outside of the United States?
 Please list the countries below.

(Countries)

Customers who need to receive a copy of the report.

Name/ Title/ Company	Email
Name/ Title/ Company	Email
Name/ Title/ Company	Email

Cancelation Policy

Once you have confirmed your inspection, 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 a disaster or catastrophe.

Do you understand the cancelation policy? Yes No

Certificate Recipient:

**Company Name and Location as it should appear
on the Certificate**

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