

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

☐ Unscored 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? <i>(Name of customers that the Inspected facility supplies that require third party Inspections.)</i>	Does your facility export outside of the United States? Please list the countries below. <i>(Countries)</i>

Customers who need to receive a copy of the report.	
Name/ Title/ Company	Email
Name/ Title/ Company	Email
Name/ Title/ Company	Email

Cancellation 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 cancellation policy? ☐ Yes ☐ No

Certificate Recipient:

Company Name and Location as it should appear on the Certificate

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