**Gafta Standard for Fumigation – PRE-AUDIT QUESTIONNAIRE**

***Scope of Certification:*** *This Standard covers the fumigation and degassing of agricultural commodities on a ship, in a store/silo or in freight containers. Pesticide/insecticide treatment is NOT covered by the scope of the Standard.* ***An example of a completed form can be seen here:*** ***[Fumigator Completed Form Example](https://www.gafta.com/write/MediaUploads/Trade%20Assurance/Gafta_Approved_Fumigator_PAQ_Audit_Application_2023_EXAMPLE_COMPLETED.docx" \t "_blank)***

**By completing & returning this form, you are agreeing to the** [**Gafta Standard Audits Terms & Conditions August 2022**](https://www.gafta.com/write/MediaUploads/Trade%20Assurance/Gafta_Standard_Audits_Terms_and_Conditions_August_2022.pdf)

|  |  |
| --- | --- |
| **Business Name:**  (to appear on certificate of conformance) |  |
| **Main Site Address:**  (to appear on certificate of conformance) |  |
| **Gafta Membership Number:** |  |
| Contact Details for Audit  **Name:**  **Job Title:**  **Email:**  **Telephone/Mobile:** |  |
| **Contact / Email for invoicing (if different from above):** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Number of Fumigators** (employed by company): | | | | **Busiest Months:** | | | | | |
| **Number of jobs completed in previous 12 months for each activity:** | | | | | | | | | |
| **Vessels** | | | **Containers** | | | | **Stores/Silos** | | |
| PH3 | CH3Br | Other | PH3 | | CH3Br | Other | PH3 | CH3Br | Other |
| **Vessel Ventilation/de-gassing:** | | |  | | | | | | |
| **Other Gafta-Related Work** (please specify): | | |  | | | | | | |

**NB: If you have not completed any Gafta-related work in the previous 12 months please contact Gafta on** [**ApprovedRegisters@gafta.com**](mailto:ApprovedRegisters@gafta.com) **as soon as possible.**

**Additional Sites:**

*NB These are sites which are part of your organisation from where fumigation work is carried out and fumigation certificates are issued. They will be included in your Approval. They are NOT customer sites nor other locations (ports, silos etc) where you work.*

|  |  |
| --- | --- |
| **Other Site Addresses:**  (to appear on certificate of conformance)  Number of Fumigators at this site:  % share of total work: |  |
| **Other Site Addresses:**  (to appear on certificate of conformance)  Number of Fumigators at this site:  % share of total work: |  |

*Continue on another sheet if necessary.*

|  |
| --- |
| Please use this space to tell us of any significant changes to your organisation since your last audit:  *For example, change of name or address, restructures, acquisitions, personnel changes.* |

**NOTES:**

1. Please provide an Organisation chart/diagram which shows fulltime Fumigators and their reporting lines.
2. The on-site audit will take place at the location from which operations are controlled. Additional locations will be part of the audit; however, these may not need to be visited. Records, paperwork, and key personnel from all locations should be available during the audit.
3. A separate Gafta Membership and Approval is required in each country the company is registered. For more information, please contact [membership@gafta.com](mailto:membership@gafta.com)
4. Audits will be conducted in English so please ensure someone is available to assist during the audit. It is your responsibility to arrange a suitable independent interpreter, if required, at your cost.

Please tick here if you will employ an interpreter during the audit:

1. **Please note that NSF International will be unable to plan your audit until we have received a copy of this document.**Please return this form to [ApprovedRegisters@gafta.com](mailto:ApprovedRegisters@gafta.com)
2. **By completing and returning this form, you are agreeing to the** [**Gafta Standard Audits Terms and Conditions August 2022**](https://www.gafta.com/write/MediaUploads/Trade%20Assurance/Gafta_Standard_Audits_Terms_and_Conditions_August_2022.pdf)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_