



To be completed for each Producer once documentation is received. A copy is provided to the Auditor.

Date Received:	OFNZ Producer No:
Producer Name/s:	Regional Body:
Business/Property Name:	Name of Pod: Pod Renewal Date:

Current Certification Status:	Nil	C0	C1	C2	FULL
Proposed Certification Status, by Pod:	Nil	C0	C1	C2	FULL
Type of last audit:	Site Visit	Paper Audit			
Date of last site audit:	_____				
Products to be Certified:					
Management Plan:					
Peer Review Checklist:					
Peer Review CARs:					
Additional information attached, following peer Review:					
CARs raised by Certification Manager:					
Flags & Questions for the Auditor:					

Signed: (Cert Manager) Date: