

FORM

Title	Section	Number	Relevant to ...	Page
Internal Audit summary	All Sections	04b	SOP 04	1 of 1

	Audit date:
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Vineyard name and farm number(s) audited:

Audit record of HACCP elements			
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Manual (sited and current)		Traceability (From winery, del. books, spray diary)	
CCP Form 01 (Delivery book)		Awareness (Forms 02 and 07)	
CCP Form 06 (Harvester Prev. Maintenance)		Approved Suppliers (SOP 06)	
CCP Form 10 (Grape Equip. Painting Record)		Good vineyard housekeeping, chemical storage area	
Spray Diary		Chemical user operator certified	
Equipment Calibration (Form 08)			

C = compliant **NC** = noncompliant **NA** = nonapplicable

Compliance to WGMB HACCP Program achieved? (If any NC's, circle "Pending".)	Yes	Pending
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Non-Conformance Reporting (Summary of NC's from Form 04)			
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What	Who	By When	Done (Auditor Signature and Date)

Does the grower require a third party audit?	Yes	No
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If yes, does the grower want the WGMB to organise and schedule the audit?	Yes	No
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Each Auditor please print names and sign:
(If NC's, complete this section once all "Done" columns completed.)

Grower (if not an auditor) please print name and sign:
(If NC's, complete this section once all "Done" columns completed.)