***This Annex only for who needs a GRASP assessment, please fill in the additional required information below***

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| **The following by applicantuse:***[Please if you have any inquiries or need more clarification, please contact us]* | |
| ***Notice:***   * *All the information provided by the applicant company through all the processes will be treated confidentially following what it is defined in the GlOBALG.A.P. Privacy notice for cps and/or employees of cps according to (gdpr) for the protection of personal data.* * *Applicants applying for GRASP Assessment must have access to the applicable standards, normative documents (this can be downloaded free of charge from* [*www.globalgap.org*](http://www.globalgap.org) | |
| 1. **Scope Applied for add-on: GLOBALG.A.P. Risk Assessment on Social Practice (GRASP) - Fruit and Vegetables (FV)** | |
| **GRASP Assessment Options** | **Option 1 – Individual Producer** [One Site]  **Option 1 – Individual Producer Multisite without QMS** |

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| 1. **Company/Producer General Information of Legal Entity** | | |
| * 1. **The Company/Producer** | | |
| **Name\*** |  | |
| **Indicate the total number of employees in Agricultural production / (PHU) \*** | **Permanent workers Male** |  |
| **Permanent workers Female** |  |
| **Temporary workers Male** |  |
| **Temporary workers Female** |  |
| **Workers through subcontracting**  *if applicable* |  |
| **Number of foreign workers**  *if applicable* |  |
| **Total number of shifts /day** |  | |
| **Total number of work hours/day** |  | |
| **GRASP included Activates** |  | |
| **Month(s) of peak season**  *(if applicable)* |  | |

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| * 1. **In case of the applicant wants to register for the GRASP assessment with a different CB from the one that granted the primary production certification.** | | | | | |
| **Are you currently certified by another CB or apply for GLOBALG.A.P Certification by more than one CB?  Yes  No**   * *if your answer (Yes), Kindly explain the following:**[Please send a copy of certificate]* | | | | | |
| **CB Name\*** |  | **Certificate No.\*** |  | | |
| **GGN\*** |  | **Certification Option\*** |  | | |
| **Certified Crops\*** |  | | | | |
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| * 1. **Level of data release on the GLOBALG.A.P. database \*** | | | | | |
| **Do you agree that your Company/Producer address (street name, house number, postal code) is visible to the public on the database of GLOBALG.A.P?**   * *(for more clarification see the document “Database Access Rules” on (*[*www.globalgap.org/documents*](http://www.globalgap.org/documents)*)* | | | | **Yes  No** | |
| **Do you agree that established in annex ii (data use) of the grasp general regulations risk assessment on social practices, concerning the awarding of the right from producers to upload and/or register these producers’ activities in the GlOBALG.A.P database (first registration and any modifications in the database)?**  *for more clarification see the document (GRASP general rules)*  [*https://www.globalgap.org/uk\_en/for-producers/globalg.a.p.-add-on/grasp/*](https://www.globalgap.org/uk_en/for-producers/globalg.a.p.-add-on/grasp/) | | | | **Yes  No** | |
| **The registered producer for the GRASP module accepts sharing the information specified in GRASP general regulations risk assessment on social practices, with all grasp observers.**   * *it includes (GGN and registration no., version GRASP module, option certification, certification body, date of data entry, auditor name / internal inspector, grasp results and complete checklist with comments, ....) annex ii: data use* | | | | **Yes  No** | |

(\*): Mandatory information

(VAT): Number is a legal registration by country if requested by National Interpretation Guidelines. This number is only used for internal verification to avoid double registration.

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| * 1. **Does the producer have any other external audits or certification covering social practices (GRASP, SEDEX, ETI, SA800…)?** | |
| **Yes  No**   * *If your answer (Yes), Kindly explain which Social Assessment in the following:* | |
| **Social Assessment** | **Information (CB, Date of assessment, Valid from - to...)** |
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| **Applicant Signature** |
| Responsible for Legal entity Name Signature    Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **This enclosed For HEIACert use ONLY** | | | | | | | | |
| **Application review [Evaluated and Approved]:** | | | | | | | | |
| **Type of assessment** |  | | **Assessment License Fee** | | |  | | |
| **Assessment Days Needed** |  | | **No. of Assessors Needed** | | |  | | |
| **Expected assessment date** |  | | | | | | | |
| **Calculation justification, relevant info, assessment needed,** |  | | | | | | | |
| **Comments** |  | | | | | | | |
| **Database GLOBALG.A.P. Number (GGN) status** | **GGN** |  | | | **GGN status** | | |  |
| **Date of Verification** |  | | | | | | |
| **Application Reviewed by** *[Signature]* |  | | | **Date of Review** | | |  | |
| **Application Approved by** *[Signature]* |  | | | **Date of Approved** | | |  | |

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| **Registration and acceptance of the GRASP “product” in the G.G database:** | | | |
| **Date** |  | **by** |  |
| **Action needed**  (if applicable) |  | | |