



The MSC Chain of Custody Certification Application form

Foreword

The purpose of this form is to provide RINA with the relevant information it requires in order to:

- identify the scope of the Chain of Custody assessment
- match the competence of our assessors to the needs of the required assessment
- estimate how much time it will require to carry out the assessment.

Please fill in the present application form, which is made up of the following Sections A, B, C, providing as much information as possible – for any queries, please do not hesitate to contact us.

All of the information provided will remain confidential between RINA and the applicant.

Upon completion, please sign and return to:

RINA Services S.p.A. – Via Corsica 12 – 16128 Genoa – Italy

Phone: +39 10 5385460 Fax: +39 10 **5385361** E-mail: emma.tomaselli@rina.org

Section A – Applicant information

Applicant's Legal Name:		
Address:		
Zip Code:	City:	Country:
VAT :		
Phone no.:		Fax no.:
E-mail address:		
Website address:		
Reference person:		Position:
Phone no.:		Fax no.:

Requested services and forecasted target dates:

Service			Target date (Purely indicative)
Certification Assessment	YES	NO	
Post-Certification Monitoring	YES	NO	



**The MSC Chain of Custody Certification
Application form**

Sites

1	Site Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	E-mail:	
	Contact Name for the Site:	
	Phone no.:	Fax no.:
	Activity details of the site:	
2	Site Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	E-mail:	
	Contact Name for the Site:	
	Phone no.:	Fax no.:
	Activity details of the site:	
3	Site Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	E-mail:	
	Contact Name for the Site:	
	Phone no.:	Fax no.:
	Activity details of the site:	



The MSC Chain of Custody Certification Application form

Subcontractors

In case the applicant uses subcontractors, whose activity may have influence on the applicant's CoC traceability, please, fill the following section:

1	Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	Subcontractor activity	
	MSC Chain of Custody Certificate Details <i>(if applicable)</i>	
	Certificate no.:	date of issue.:
	Scope:	
Other sites:		
2	Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	Subcontractor activity	
	MSC Chain of Custody Certificate Details <i>(if applicable)</i>	
	Certificate no.:	date of issue.:
	Scope:	
Other sites:		
3	Legal Name:	
	Address:	
	Phone no.:	Fax no.:
	Subcontractor activity	
	MSC Chain of Custody Certificate Details <i>(if applicable)</i>	
	Certificate no.:	date of issue.:
	Scope:	
Other sites:		



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Section B – Details of the Chain of Custody to be certified

Documented Control Systems or standards, including a DCS

DCS Type	Certified		Scope	Certification date or expected cert. date	Certification Body
	No	Yes			
HACCP	No	Yes			
ISO 9001	No	Yes			
ISO 22000	No	Yes			
BRC	No	Yes			
IFS	No	Yes			
SQF	No	Yes			
GlobalGAP Aquaculture CoC	No	Yes			
If other standards apply, please provide a description of the same:					

Client Scope

Seafood products details	
Species (<i>common and scientific name</i>)	Certified source (<i>Name of the Fishery from which the product derives</i>)
1.	
2.	
3.	
4.	
5.	
Information and details in case of <i>NON-MSC CERTIFIED SEAFOOD PRODUCTS</i> (of the same or similar species) you may handle:	

Aquaculture products details	
Species (<i>common and scientific name</i>)	Certified source (<i>Name of the Aquaculture</i>)



The MSC Chain of Custody Certification Application form

	<i>from which the product derives)</i>
6.	
7.	
8.	
9.	
10.	
Information and details in case of <i>NON-MSC CERTIFIED SEAFOOD PRODUCTS</i> (of the same or similar species) you may handle:	

For each species, please indicate Activity, Product form, Type of storage, Presentation, according with the categories listed below.

	Specie	Activity	Product form	Type of storage	Presentation
1.					
2.					
3.					
4.					
5.					

Activity	Product form	Type of storage	Presentation
<i>Contract processing</i>	<i>Extract</i>	<i>Chilled (including fresh)</i>	<i>Aquaculture Feed</i>
<i>Distribution</i>	<i>Fillets</i>	<i>Dry Goods</i>	<i>Block</i>
<i>Harvest</i>	<i>Gutted</i>	<i>Frozen</i>	<i>Block Interleaved</i>
<i>Packing or repacking</i>	<i>Headed and gutted</i>	<i>Live</i>	<i>Boxed</i>
<i>Processing</i>	<i>Minced</i>	<i>OTHER (specify)</i>	<i>Cake/cookie</i>
<i>Restaurant/Take away to consumer</i>	<i>Oil</i>		<i>Can</i>
<i>Retail to consumer</i>	<i>Portions</i>		<i>Coated</i>
<i>Storage</i>	<i>Roe</i>		<i>Dried</i>
<i>Trading fish (buying/selling)</i>	<i>Steaks portion</i>		<i>Fermented</i>
<i>Wholesale</i>	<i>Whole</i>		<i>Fertilized</i>
<i>OTHER (specify)</i>	<i>OTHER (specify)</i>		<i>Fresh fish Counter</i>



The MSC Chain of Custody Certification Application form

Aquaculture			<i>Hot and cold smoked</i>
			<i>Individually Quick Frozen</i>
			<i>Jar</i>
			<i>Marinade</i>
			<i>Marinade/pickled</i>
			<i>Menu Item</i>
			<i>Oil Capsule</i>
			<i>Pet Food</i>
			<i>Pickled</i>
			<i>Portion</i>
			<i>Pouch/Vacuum packed</i>
			<i>Ready Meal</i>
			<i>Salted</i>
			<i>Sauce</i>
			<i>Snacks</i>
			<i>Steaks</i>
			<i>Surimi</i>
			<i>OTHER(specify)</i>

Details on purchased product		
Is the product intended to be presented as such to the ultimate consumer?	YES	NO
Is the product fully or partially packed?	YES	NO
Is the product identified as MSC by a tag?	YES	NO
Can the packaging be opened?	YES	NO
Can the packaging be opened and resealed without altering the integrity of the product?	YES	NO
Is the product identified as MSC by a mark that cannot be removed or if removed cannot be used?	YES	NO

Is the applicant an organization of restaurant or retail sale to consumers and takes ownership of the products in consumer tamper proof packaging?	YES	NO
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The MSC Chain of Custody Certification Application form

Does the applicant process its own good and contract processes goods for others?	YES	NO
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The candidate takes ownership of the product and is involved in activities:	
	Processing or transformation
	Packaging or re-packaging
	Labelling or re-labelling

The candidate is involved in	
	Retail activities
	Activities concerning the processing or the processing of the product
	Activities concerning the amendment of the packaging

Involvement of the applicant in restaurant business		
Does the applicant receive only MSC certified fish in tamper evident packaging to be opened at the time of consumption or service?	YES	NO
Is the applicant involved in other restaurant business / takeaways?	YES	NO

Extension of the Chain of Custody	
Entry point into the Chain of Custody	Exit point from the Chain of Custody

Transport and storage: details	
Plants, storage, facilities, other sites to be certified	
Name and location	Activity performed
1.	
2.	
3.	



**The MSC Chain of Custody Certification
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4.	
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Section C – Other information – (Optional)

Any other information you may wish to communicate in view of a better understanding of the Chain of Custody characteristics:

Certification option preferred by the applicant

Accredited C o C certification required For standalone Organizations	YES	NO
Accredited C o C combined audit required If the organization is already certified against a recognized Food Safety std	YES	NO
Group certification required For homogeneous groups of organizations, or multi-site companies, in order to operate under a single C o C certificate	YES	NO
Multisite certification required For multi-site organizations that want their sites to be audited individually them under a single certificate?	YES	NO
Interim certification required In view of on-site audit	YES	NO

Language

Any additional language other than English required for performing the audit:

Applicant's signature

Date:	Name and position:
	Signature: