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**Phase-In Pest Module Section C Template**

Facilities that wish to participate in the Clean Plants certification program through a Phase-In option with a Pest Module must complete this template (Section C) in addition to Sections A & B found in the Pest Module (BTM-Appendix 1) to describe their operation’s systems and processes. For additional guidance, refer to BTM-Appendix 3.

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| **Facility and Contact Information** | |
| **Name of Company/Facility** | **Name of Facility Contact Person for CNCI** |
| **Phone** | **Email** |

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| **C. CORE SYSTEMS APPROACH COMPONENTS** | |
| **Category** | **Details** |
| *C.1 Staff – Additional Requirements* | Key roles (Certification Manager, Crop Protection Manager, Internal Auditor, Scouts/Plant Inspectors, Owner/Operator) are identified (the personnel may be identified by position at the facility, but a list of names must be maintained separately. The facility must identify who is responsible for maintaining the list and where the list is kept)  The key roles are defined, with a brief description of their responsibilities, and their training requirements  Proof of training is maintained |
| *C.2 Certification Status* | Include a description of how the host plants at the facility can be verified that they have met all the requirements of the Pest-Specific Certification Standard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *C.2 Shipping to CNCP Facilities* | If the facility sells to CNCP facilities, include the requirements for the customer’s facility (may be attached as a separate document)  N/A  \*NOTE: facilities must be certified under the Clean Plants Domestic Phytosanitary Nursery Certification Program (Version 2.0) or the Phase-In pest-specific program to be eligible to ship certified host plants to CNCP facilities. |
| *C.3 Use of the Clean Plants Pest-Specific Certificate* | Detail the procedure for securing, using and who has responsibility for the Clean Plants Pest-Specific Certificate(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *C.4 Records* | The following records are maintained for at least 3 years:  Clean Plants Training  Specific Pest Scouting Training  Sourcing/Purchasing and Sales/Shipping Paperwork (7y)  Plant Supplier List  Propagation Records  Receiving Inspection  Plant Movement Records  Scouting/Trapping Results Records  Pest Control/Treatment Records  Shipping Inspection  Log of Clean Plants Pest-Specific Phase-In Certificate Use  Internal Audit Reports  External Audit Reports  Other, detail: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *C.5 Audits* | Designated personnel are responsible for arranging audits (both internal and external) and addressing any non-compliance issues. The list of designated personnel is maintained by xx and can be found xxx.  Maintain copies of:   * Pest Module Evaluation Report * Initial Facility External Audit Checklist report * Any additional/recent Audit Reports, if applicable |
| *C.5.1 Internal Audits* | Describe how/when the internal audits will be scheduled: \_\_\_\_\_\_\_\_\_\_\_\_  Describe what criteria will be used to check compliance during the internal audits: \_\_\_\_\_\_\_\_\_\_\_\_  Describe the process for addressing any non-compliances discovered during the audits (i.e., summary report prepared, who is responsible, etc.): \_\_\_\_\_\_\_\_\_\_\_\_ |
| *C.5.2 External Audits* | Describe how/when the external audits will be scheduled: \_\_\_\_\_\_\_\_\_\_\_\_  Describe the process for addressing any non-compliances discovered during the audits (i.e., summary report prepared, who is responsible, etc.): \_\_\_\_\_\_\_\_\_\_\_\_ |
| *C.6 Updates to the Pest Module (Sections A, B & C)* | Describe how/when this document and any applicable Pest Module(s) will be updated, who is responsible, etc.: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SIGNATURES FOR COMMITMENT AND APPROVAL** | | |
| **Statement of Facility Commitment** | | |
| **Our facility verifies that this application is accurate and represents the activities and/or measures in place at our facility to participate in the Clean Plants Phase-In Certification Program. A signature is not required if the form is submitted electronically.** | | |
| **Owner/Applicant Name** | **Signature** | **Date** |
| **Phase-In Application Administrative Approval (for CNCI use only)** | | |
| **Verified By (Name)** | **Date Received** | **Date Approved** |