



KVH Psa Systems Audit Report – Pollen Providers

Auditor Name: _____

Audit Date: _____

Risk Management Plan approval date: _____

Company Details	
Company Name :	
Site Name :	
Address:	
Telephone :	Fax :
Email :	
Personnel present at audit	
Name	Job Title:



KVH Psa Systems Audit Report – Pollen Providers

Details of Mill sites –location and names



KVH Psa Systems Audit Report – Pollen Providers

REQUIREMENT		Verification Details	Conforms
		Site Audit	Y, N, N/A
1.1	<p>A Psa Risk Management Plan, signed off by KVH, is documented including detailing how the following will be managed:</p> <ul style="list-style-type: none"> - Harvesting - Milling - Inventory management/traceability - Storage - Waste Disposal - Pollen application (if applicable) 		
2.0 Harvesting			
a	<p>Harvester agreements –these need to include</p> <ul style="list-style-type: none"> o Training of all workers in all harvest practices and records signed for each trainee. o Flower bags labelled with KPIN, orchard /grower name contractor and picker o flower bags –requirements under d) below included. <p>- Transport of flowers to be in cleaned vehicles and flowers to be securely enclosed. - Copies of agreements to be available for audit.</p>		
b	<p>Source orchards</p> <ul style="list-style-type: none"> - orchard status established? - If Psa-V free status is recorded –what records are available to back this up? - KVH movement controls adhered to - KVH permissions on file if applicable. 		
c	<p>Training of staff –all workers should be trained in:</p> <ul style="list-style-type: none"> - orchard hygiene, - handling and transport of harvested flowers - labelling of flower bags - Are training records available and signed off by trainer and trainee? 		



KVH Psa Systems Audit Report – Pollen Providers

REQUIREMENT		Verification Details	Conforms
		Site Audit	Y, N, N/A
d.	Sanitisation of flower bags: Recovery regions – sanitised before use, at the end of each day, and between Recovery regions. Containment and Exclusion regions –between orchards. All regions - Dried to remove surface moisture - Records retained		
3.0 Milling			
3.1	Hygiene processes in place to minimise cross contamination - Footbaths at entrance to mill in Containment and Exclusion regions - Mill area cleaned regularly <ul style="list-style-type: none"> ○ Floors swept ○ Machinery cleaned daily or between batches ○ Cleaning equipment sanitised - Cleaning records available		
4.0 Traceability			
4.1	Flowers, flower parts and pollen must have traceability Labelling to identify: <ul style="list-style-type: none"> - KPIN sourced from - Mill name/identifier - Orchard Psa-V status - Date milled - Region of source orchard KVH advised if any pollen forwarded to a distributor. Distributor must be KVH registered.		
5.0 Storage			
5.1	<ul style="list-style-type: none"> - Packaging should be appropriate –jars sealed - Psa-V free product –status verified - stored separately from other product. 		



KVH Psa Systems Audit Report – Pollen Providers

REQUIREMENT		Verification Details		Conforms
		Site Audit		Y, N, N/A
6.0 Waste Disposal				
6.1	<p>All kiwifruit plant material removed during the milling process to be disposed of in a way that prevents potential spread of Psa-V</p> <ul style="list-style-type: none"> - in a covered pit that prevents wind distribution - transport in covered vehicles - removal by recognised waste provider - any other method has KVH permission/signoff. 			
7.0 Application				
7.1	<ul style="list-style-type: none"> - contractors to be familiar with KVH guidelines - application carried out on calm days to reduce drift - grower's hygiene protocols followed as described in the Orchard Management plan. - records available for each orchard pollinated: <ul style="list-style-type: none"> o Dates o Supplier of pollen o Sizes and batch numbers of all packs applied o Given to each owner/manager - equipment for applying pollen is sanitised and cleaned between orchards 			



KVH Psa Systems Audit Report – Pollen Providers

Result:

No action required

Corrective Actions to be completed

Clause No	Corrective Action Required	Completion Date	Signed Off

Comments:

Auditor _____

Signature _____

Pollen Provider representative: _____

Signature _____