#### **Application Form**

## MauriGAP Standard (MS 184:2015) Part 1

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Dept: Inspection & Certification
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This application form is based on MauriGAP MS 184:2015 Part 1 Basic requirements and is part of the evaluation process for certification. All information will be kept confidential.

Part 1: GENERAL INFOR	*	X-011-14-14-14-14-14-14-14-14-14-14-14-14-1	Office use Only
	As required in Certificate	Address	Received on:
Farm / Company name			Reviewed on:
, 1 ,			Reviewed by:
Name of Person			Offer can be prepared: Yes/No
			MGN No:
Phone No:			Remarks of Evaluator/Reviewer
Mobile No.			Livarautor/ neviewer
Fax No:			
E-mail:			
BRN:			-
VAT No:			-
SFWF No:			
Do you have a copy of cur	rent Mauritian MauriGA	P standards? Yes 🔲 No 🗌	
D. (A. DDODLICED DECL	CTD ATION INTO DATA	TION	
Part 2: PRODUCER REGIC Certification with MACB:		Renewal	
If renewed, are there any c			
Denied of Certification (If	, , , , , , , , , , , , , , , , , , ,		
Have you ever been denied If yes, please state reason f	•	ertification body?Yes \[ \] No	☐ Not Applicable ☐
ii yes, piease state reason i	or acriai.		
Part 3: FARM PLAN INFO			
Is the plot of land to be cer	tified owned or rented?		
Has the plot of land been p	oreviously used as landfi		ion of lease es
	-		

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Total area of farm:	Arpent	/Ha	Area applie	d for cert	ification	Arpen	t/Ha
Please attach Location	n of field/Far	m detai	il address/Field s	ite map. I	nclude all adjoi	ning lan	d uses.
Is there a physical bar	rrier or buffer	zone n	naintained betwee	en vour fi	eld and traffic r	oads?	
Yes No Not.		]		J			
CROPS REQUESTED	D FOR CERT	IFICA:	ΓΙΟΝ				
Are all fields requeste		ation lo	cated at the main	farm add	ress listed abov	e?	
	t Applicable	1.1	Tr. (.1	Т		D	
Name of crop	Fie num		Total area per	, , <u>, , , , , , , , , , , , , , , , , </u>	of cropping and/Interline)	,	ected yield fic Units e.g.
	(If a		crop (Arpent/Ha)	(run st	and merme)	· <del>-</del>	etric tonnes/
	(11 4	iiy)	(rupengiia)			_	nits etc)
							,
Part 4: INPUT USED		•		•			
List all inputs, inclu-				s, fertilis	ers, manure, bi	ocontrol	, inoculants,
chemicals, other plan				1.1		, ,	
Type of input	Name of input	Sup	plier name and a	ddress	Date receive quantity pure		Storage location
Seed	<b>F</b>				<b>1</b>		
D1 (1 ) 1 (1							
Planting Material							
i l							

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Type of inpu	ıt	Name of	Supplier name and address	Date received and	Storage		
Fertilisers		input		quantity purchased	location		
Fertilisers							
Soil Amendmen	nt						
Manure							
Pesticides							
Other (if any)							
Part 5: PLANT	ING	Attach additional	shoots if raquired				
Crop Name		Variety	Date planted/	Type of production	n system		
1			transplanted	Open field/ pro			
				hydroponi	cs		
If soilless/hydr	opon	nic system is us	ed, fill in this section:				
List the fertilise	ers us	ed:					
List the substant	too 111	and.					
List the substra	ies u	seu.					
List sanitation 1	measi	ures adopted:					
			maintained in farm diary? Yes [	No			
What are the m	easui	res taken for wa	aste and pollution management?(	E.g. leachates, plastic cover, i	nsect nets)		

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Part 6: IRRIGATION	V				
What is the source of irrigation water?					
What are types of irr	igation systems	used?			
Is irrigation performe	ed as per FAREI	guidelines? Yes No			
Part 7: SOIL FERTIL					
What are your soil ty					
How do you maintai	n your soil and	crop fertility? (E.g. soil amen	dments, manure, tillage	e, fallow land, crop rotation)	
Soil erosion					
What soil erosion pro	oblems do you e	xperience and where are t	hey?		
Hazir da rrau muarrant	anil amasiam?				
How do you prevent	son erosion?				
Mechanical Method	ds A	gronomic Measures	Soil Managem	ent	
			7		
Terraces	=	ontour cultivation	☐ Minimum tillag		
Contour farming		trip cropping		mpost and manure	
Permanent waterwa	· <u>—</u>	egetative barriers	Deep ploughin		
Stone Line	· · · · · · · · · · · · · · · · · · ·	Iulching	Management o		
Others (if any):		over crops	$\bigcup$ Others (if any):	•••••	
		Iultiple cropping			
	C	Others (if any):			
Crop varieties	• , 1•	1 1' 1	1 22/		
Do you select crop va Fertiliser	ariety according	to pest and disease tolera	nce and seasons? Yo	es No No	
	sation as nor EA	DEI recommendations? Ve	es No N		
		REI recommendations? Yeadditional sheets, if required)	es   No		
Crop and stage of	Fertiliser	Field plot number and	Rate of	Method of	
growth	formulation	Area (Specify units)	application	application	
820.1.421	101111011011011	(opecity units)	wpp=======		
Part 8: CROP PROT	ECTION AND	USE OF PESTICIDES			
Pesticide use					
Do you apply pestici			Others (if any):	••••	
Do you follow pre-ha	arvest interval?	Yes No N			

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Chemical con	ntrol/Pesticid	e use (Attach add	litional sheets, if required)			
Crop and	Name of	Target	Field plot number	Rate of	Method of	Pre
stage of	pesticide/	pest/disease	and Area (Specify	application	application	harvest
growth	trade name	•	units)			interval
How do you	dispose empt	v containers?			I	
l 110 W do you	dispose emp	y containers.				
Safety of pes	ticide operato	r				
Do you have	appointed pe	sticide operato	r(s)? Yes No			
			n the safe and effective	ve handling of	pesticide? Yes	□ No □
		age of 18? Yes		O	1	
Do you have	emergency a	nd safety proce	dures? Yes No	]		
			ICIENCY MEASURE	ES		
			and maintained/cali		No 🗍	
			E HANDLING			
			ical Manual			
		n maturity? Ye				
			rior to crop harvestin	σ? Yes □ No		
			vent contamination fr			izards?
Villat are the	precuderons y	ou take to pre	cit contamination if	om priyotear ar	id illiciobidi ild	Zaras.
Are workers	handling prod	duce trained in	hygiene? Yes 🗌 No			
			nal hygiene and safe p		$\exists N_0 \Box$	
			redures and equipmen			
Describe you	ii post itaives	t Harrannig proc	edures and equipmen			
Dart 11. W/A	STE AND PO	I I I ITION MA	NAGEMENT AND	DECVCI INC		
			aste and packaging m			
On-site bin		0	Composting Pic		Others (if a	nr.).
				kup or waste	Others (if a	шу)
		ING/WELFA		ممناه مسلم مما	Laboal,2 Vos	NIa 🗆
Do you nave	worker traini	ng program io	r pesticide use, hygier	ne and medica.	i cneck-up? Yes	s 🗌 No 🗌
Course title		Data	f training	Namas	of trainer/training	instructions
Course title		Date 0	ı uanınıg	ivaiile (	n namer/ nammig	monucuons

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Do you have hygiene instructions for worker health and safety?  Yes  No
Are first aid kits available on farm or in the vicinity of fieldwork? Yes No
Are accident and emergency procedures communicated to workers? Yes No
Part 13: TRACEABILITY
Is traceability of inputs maintained? Yes No
Is traceability of produce maintained? Yes No
Part 14: RECORDS  Which of the following records do you keep for production?
Field maps  Field history sheets (previous 3 years)  Planting records  Equipment maintenance and calibration  Traceability  Nutrient application records  Pesticides records  Irrigation records
Worker training  Analysis records (E.g. soil, produce, water)
Input records(soil amendments, manure,  Harvest records that show field numbers
compost, seeds and planting material) and harvest amounts
Others (if any):
Declaration by Operator:  I affirm that all statements made in this application are true and correct. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time. I will provide right of access to all appropriate facilities. I will provide documentation and/or additional information that are requested.  I agree to follow MauriGAP standards and the ground rules, as set out in the Specification for Good Agricultural Practices for Crop Production- MauriGAPLevel-1 Basic requirements.
Signature of Operator
Date
Office use Only Verification remarks by Evaluator/Reviewer
<u>Date and Signature</u>