

Gulf Coast Testing, LLC

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In-Plant Audit Form

Company Name: _____ Listed Company New Company

Facility City, State/Country: _____

Person Contacted (name/title): _____

Facility Record Sheet: Acceptable Revision(s) Needed

Visit Type: Initial Audit Annual Compliance Audit Follow Up Audit Agency Audit

Key for Evaluation Conditions:

R=Reviewed, C=Complete, I=Incomplete, N=Inventory, NA=Not Applicable

General and Specific Program Policies: R C I N NA

Documentation Packages: R C I N NA

Literature: R C I N NA

REFER TO NARRATIVE PAGE FOR VARIATIONS					
PRODUCT EVALUATED	STD	MODEL NUMBER TRADE DESIGNATION	L/ANL	FAMILY CODE	EVALUATION CONDITION

This report confirms the evaluation/audit on ____/____/____ to determine compliance with ANSI/NSF Standard(s) and all related requirements. For any non-compliance, you are requested to submit on or before ____/____/____ a written explanation of planned and/or actual corrective action or a statement of disagreement with reasons. **Gulf Coast Testing's contract and policy prohibits the use of the Gulf Coast Testing® mark on products not in full compliance with the applicable standard and policies.** Completion of this report does not constitute acceptance for Certification/Listing.

Inspector: _____ Manufacturer's Rep.: _____

Manufacturer's Rep. Signature: _____