



Document Title
MANUFACTURING PLANT INSPECTION REPORT

Form no.	FPA-FRD-F16
Revision no.	05
Date	10.10.2022
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Business Name: _____
 Address: _____
 Proprietor/Informant: _____ Position/Designation: _____
 Contact Number: _____ ECC/CNC Number: _____
 License Number: _____ Expiry Date: _____
 Date of Inspection: _____ Date of Last Inspection: _____

I. ORGANIZATIONAL STRUCTURE

DEPARTMENT	NO. OF PERSONNEL			
	Male		Female	
	Permanent	Contractual	Permanent	Contractual
Production/Manufacturing				
Maintenance				
Administrative				
Marketing/Distribution				
Others: _____				

II. PHYSICAL FACILITIES (attach Plant Layout and Geo-tagged Pictures of the Site)

1. **PLANT** Owned: _____ Rented: _____
 - a. Location: _____
 - b. Distance from Population Center: _____
 - c. Proximity to Aquatic Ecosystem: _____
 - d. Date of Construction: _____
 - e. Kind of Building Materials
 - Roof: _____
 - Walls: _____
 - Floor: _____
 - f. Total Area (in sq m): _____
 - g. Maximum Production Capacity (in MT/yr or L/yr): _____
2. **WAREHOUSE** Owned: _____ Rented: _____
 - a. Location: _____
 - b. Date of Construction: _____
 - c. Kind of Building Materials
 - Roof: _____
 - Walls: _____
 - Floor: _____
 - d. Total Area (in sq m): _____
 - e. Maximum Storage Capacity (in MT or L): _____

III. MANUFACTURING EQUIPMENT, MACHINERIES, AND TRANSPORT FACILITIES

TYPE OF EQUIPMENT	BRAND	MODEL	QUANTITY

IV. QUALITY CONTROL METHODS

V. WASTE DISPOSAL METHODS



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VI. PRODUCT SPECIFICATIONS

PRODUCT NAME	GUARANTEED ANALYSIS	PRODUCT REGISTRATION NO.	AVERAGE MONTHLY PRODUCTION (in kg, MT, or L)	AVERAGE SELLING PRICE PER UNIT

VII. RAW MATERIALS

MATERIAL (Brand, Generic Name, Nutrient Content)	LOCAL / IMPORTED	QUANTITY NEEDED PER PRODUCTION (in kg or L)	PROPORTION OF THE FINAL PRODUCT (in %)

VIII. DETAILED PRODUCTION PROCESS FLOWCHART

CHECKLIST	YES	NO	REMARKS
Is the FPA-approved product label being followed?			
Are the products properly packaged/sealed?			
Is the first-in-first-out policy being implemented?			
Are the finished products stored/stacked properly?			

Note: Parts VI, VII, and VIII must be accomplished for a specific product. Reproduce this page as necessary.



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IX. GENERAL PREMISES AND WORKING CONDITIONS

Building	GOOD	FAIR	MARGINAL	POOR
- Ventilation				
- Illumination				
- Storage Area				
- Fire / Emergency Exits				
- Presence of safety / danger signs				
- Water source / hydrants				
Eating Facilities				
Bathing Area				
House Keeping				

X. PERSONAL PROTECTIVE EQUIPMENT

	Available	Not Available		Available	Not Available
Face mask			Dust mask		
Work clothes			Safety helmet		
Safety goggles			Ear plugs		
Safety shoes			Gloves		

XI. CONTROL MEASURES FOR OCCUPATIONAL HAZARDS

XII. HEALTH PROGRAM

FOLLOW-UP INSPECTION

Previous Inspection Date:	CORRECTION MODE
Previous Findings	Further Action Recommended

REMARKS / OBSERVATION:

ACTIONS / RECOMMENDATIONS:

FPA INSPECTION TEAM:

Signature above Printed name

Signature above Printed name

Signature above Printed name

CONFORME:

I hereby authorize the Fertilizer and Pesticide Authority to collect and process the data indicated herein. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

Signature above Printed name of
Company Owner/Representative