

	Document Title	Form no.	FPA-FRD-F17
	REPACKING / BULK-HANDLING SITE INSPECTION REPORT	Revision no.	05
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Business Name: _____
 Address: _____
 Proprietor/Informant: _____ Position/Designation: _____
 Contact Number: _____ E-mail address: _____
 License Number: _____ Expiry Date: _____
 Date of Inspection: _____ Date of Last Inspection: _____

I. ORGANIZATIONAL STRUCTURE

DEPARTMENT	NO. OF PERSONNEL			
	Male		Female	
	Permanent	Contractual	Permanent	Contractual
Repacking/Bulk-Handling				
Maintenance				
Administrative				
Marketing/Distribution				
Others: _____				

II. PRODUCT SPECIFICATIONS

PRODUCT NAME	GUARANTEED ANALYSIS	FPA REGISTRATION NO.	REPACKING SIZES

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

III. RANDOM SAMPLING

SAMPLE	DECLARED WEIGHT	ACTUAL WEIGHT	% ACCURACY
AVERAGE RATING:			

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

REPACKING / BULK-HANDLING SITE

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): _____



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V. REPACKING / BULK-HANDLING EQUIPMENT, MACHINERIES, AND TRANSPORT FACILITIES

TYPE OF EQUIPMENT	BRAND	MODEL	QUANTITY

VI. 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				

VII. PERSONAL PROTECTIVE EQUIPMENT

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

VIII. CONTROL MEASURES FOR OCCUPATIONAL HAZARDS

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



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