Code ref. (version 1.1)	Individual/multi-site	Crop specific	Measure	Guidance Comments
	Member ID	No		
	Member Details	No		
	Country	No		
	Audit Date	No		
	Did the member name or member ID change compared to last year? Yes/No [ ] Name change if yes: please provide the previous name: [ ] Member re-registered after quitting certification if applicable, please provide the previous member ID(s):_____ please indicate the non-certified period (months): _____ [ ] Other (e.g. split/ merge with other member, please provide other member ID): _____	No	tick boxes	
	SECTION 1- TYPE OF MEMBER & ACTIVITIES			
	Type of certificate holder	No	individual/multi-site	
	Role of Certificate Holder			
	Processing			
	Unit name	no		
	Type	no		
	Activities	yes		
	Certified Product	yes	coffee/tea/cocoa	
	Certified Volume	No	kg/lb/MT	Please see the guideline for 'calculating certified volume' available on the website.
	Carry Over Volume			

	SECTION 2. INFORMATION FROM THE AUDIT			
	General audit information			
	# audited production sites	no	#	
	# audited processing units	no	#	
	List of non-conformities & corrective actions	no	table	
	List of key attention points	no	text	
	PRODUCTION DETAILS			
	Type of coffee (both options possible): [ ] Arabica [ ] Robusta	yes coffee only	tick boxes	
	Approximate start and end of harvest period Main harvest: Small harvest:	no	date	
	Total certified area (certified crop) (ha)	no	ha	Total area of UTZ certified crop
	Total farm area (all crops) (ha)	No	ha	Total farm area (all crops, including non certified and UTZ certified crop)
	What share of the total harvest of the certified crop is mechanized? [ ] none [ ] less than half [ ] about half [ ] more than half [ ] all	yes (coffee/tea only)	dropdown	Mechanized harvesting means by use of harvesting machines. This does not include tools like sciccors.

	CODE IMPLEMENTATION DETAILS			
	BLOCK A. MANAGEMENT			
	Production area Identification			
1.A.1	Approximate location of production area: GPS coordinates of main office, main storage or processing area(if in production area) or approximate center of production area. In case of multi site certification, please indicate the approximate location of each of the certified farms Latitude: __° __' __" Longitude: __° __' __" Tick box: [ ] This information will be provided later	No	GPS coordinates	Please determine ONE location per certificate holder; preferably in the center of the production area. If the main office is not located in the production area, please choose another location in the production area. Auditors are not required to be equipped with a GPS device or smartphone, but CB's are required to train the auditors on how to collect this information (e.g. using google maps). Specific guidance how to identify GPS coordinates (using a GPS device, Smartphone or Google maps) is available in the UTZ Academy .
I.A.2	In order to determine the total certified area, has the certified crop area been measured by GPS? [ ] Yes [ ] No [ ] Partly: _____%	no	dropdown	
	Record keeping			
I.A.7	Approximate number of workers (M/F) employed by the producer at peak harvest season (incl the farm and processing unit): Permanent: ____Male_____Female Seasonal / temporary: _____Male_____Female [ ]N/A There are no workers employed by the certificate holder	No	#	Please count all workers that fall under the scope of the UTZ code A permanent worker is a worker with a work contract of 12 months or more Please include full & part-time workers
	Number of workers (and their family members) living on the farm (at peak harvest season)_____ [ ] N/A there are no workers living on the farm	No	#	Please indicate the total # of persons (both permanent and seasonal) living on the farm. This can be an estimation.

	Traceability			
I.A.18	What was the total harvested volume of UTZ certified product in previous certification year? _____kg Tick box: [ ] N/A 1st year of certification [ ] Information is not available	no		This question refers to last certification year. Please give volumes in green bean /made tea/ dried cocoa equivalent. Please provide the volume in kg (1 MT= 1000 kg) If actual harvested volume is multi-certified, incl. UTZ, it can be counted as UTZ N/A in year 1 of certification
I.A.18	Of the total harvested UTZ Certified product in the previous year, how much (kg) was sold by the producer as : UTZ Certified:____kg Conventional:____kg Other certification/ verification scheme(s) (in case of multiple certification):____kg Tick box: [ ] N/A 1st year of certification [ ] Information is not available	no	kg/lb/MT	This question refers to last certification year. Please give volumes in green bean /made tea/ dried cocoa equivalent. Please provide the volume in kg (1 MT= 1000 kg) Please only consider the UTZ certified volume. Of the total UTZ certified volume harvested, how much was sold as UTZ, other or conventional? The total UTZ volume sold cannot be more than the total UTZ volume harvested. N/A in year 1 of certification

	Premiums and Transparency			
I.A.20	How was the UTZ premium allocated to specific costs/investments? Please check all that apply (more than one option possible). [ ] Managing UTZ compliance (e.g. administration/ external audit) [ ] Farm production or processing (e.g. inputs, technical assistance) [ ] Basic services for workers (e.g. improved healthcare, sanitation or schooling & education) [ ] Other, please specify:____(free text) Tick box: [ ] N/A 1st year of certification [ ] Nothing was sold as UTZ [ ] Information is not available	no	Please determine ONE location per certificate holder; preferably in the center of the production area. If the main office is not located in the production area, please choose another location in the production area. Auditors are not required to be equipped with a GPS device or smartphone	This question refers to last certification year. The UTZ premium refers to the amount of cash premium on top of the market price, that the Certificate Holder received from the first buyer. This information can be obtained from the records regarding the use of the UTZ premium. Multiple options possible
	BLOCK B FARMING PRACTICES			
I.B.39/40	*Please tick the applicable box (yes/no)* The producer applies inorganic fertilizers Yes [ ] No [ ] The producer applies organic fertilizers Yes [ ] No [ ]	No	y/n	
I.B.44	Which Integrated Pest Management practices does the producer apply? (more than one option possible) [ ] Prevention (e.g. suitable varieties, pest and disease monitoring); [ ] Cultural or mechanical control (e.g. manual removal, shade regulation) [ ] Biological control (e.g. natural enemies) [ ] Justified chemical control (e.g. pesticide rotation strategies, threshold levels, minimized toxicity) [ ] Other, please specify: _____	no	tick boxes	Multiple options possible

I.B.45	The producer applies pesticides Yes [ ] No [ ] If yes, is the producer using any active ingredient that is on the UTZ Certified Watch list? Y/N If yes, which ones are being used? _____	no	Y/N mandatory text field	
	BLOCK C WORKING CONDITIONS			
	Wages and Contracts			
I.C.83	Is there a written collective bargaining agreement on wages with workers? y/n	No	y/n	If a collective bargaining agreement is in place, please provide in the 'other comments' section a short explanation of the cash payment and major benefits agreed upon.
I.C.83	What is the lowest daily wage (in local currency) paid to workers (M/F) that are covered by the standard, based on a normal (full time) working week? Please enter the cash amount per day (or estimation if calculation is based on piece rate) of Net wages, excluding in kind benefits: *Permanent workers:* Lowest daily wage of Male workers: ____ Lowest daily wage of Female workers: _____ *Seasonal/ temporary workers:* Lowest daily wage of Male workers: ____ Lowest daily wage of Female workers: _____ Currency: _____	No	table	To define the lowest wage: please take into account both low and peak season (e.g. when harvest workers are paid per piece rate, wages are lower in low season; has a minimum daily wage been defined?);

I.C.83	What in kind benefits are provided to workers? Please check all that apply (more than one option possible): [ ] none [ ] accommodation [ ] food [ ] fuel/energy/electricity [ ] medical care [ ] child care [ ] other (free text):_____ For each in kind benefit, please indicate if they are provided: [ ] for free [ ] at a reduced cost: _____% of normal price [ ] for normal price	No	table	Multiple options possible
I.C.83	Does the producer have an action plan to gradually improve wages? [ ] Yes [ ] No			
	Hygiene and living conditions			
I.C.108	What is the largest distance (meaning the distance for the household that is located furthest away) to safe drinking water for on-site living worker's domestic use, during dry season? _____meters	no	#	*The largest distance* ' refers to the distance of the household that's located furthest away from the safe water source. This question only applies to on-site living workers.
I.C.108	The primary source of drinking water for on-site living worker's domestic use is: [ ] piped water (inside user's dwelling or yard) [ ] public tap, pump or standpipe [ ] surface water (e.g. river, lake, stream), open well [ ] other, please specify:_____	no	drop down	This question only applies to on-site living workers
	Discrimination and respectful treatment			
I.C.90	Does the producer have a policy to prevent sexual harassment? Y/N	no	y/n	This policy is not required by UTZ Code of Conduct.
	Other comments/clarifications (block A-D)			

	Other comments:…*(free text)*	no	text	
	SECTION 3- CERTIFICATE SETTINGS			
	CB Certificate number	no		
	Start date of new certificate	no	date	
	End date of new certificate	no	date	
	Upload certificate	no		
	Compliance version Code of Conduct: title, version, year (for example: 'Core Code of Conduct, Version 1.1, 2015'): _____	no	text	
	Date of first certification	No	date	
	Other certification scheme(s) this UTZ member (display name Certificate holder) *is certified/verified for* *Tick box which is true:* [ ] None [ ] Organic certification [ ] Rainforest Alliance [ ] Fairtrade USA [ ] Fairtrade International (FLO) [ ] 4C [ ] Café Practices [ ] Certifica Minas Café (Brazil only) [ ] Other, name of the certification scheme is _____ [ ] Other, name of the certification scheme is _____	Yes	tick boxes	multiple options possible

	SECTION 4. CONFIRMATION QUESTIONS			
	Confirmation			
	Audit dates			
	Name auditors			
	Name Certifier			
	Comments			