YOLO COUNTY DEPARTMENT OF AGRICULTURE • WEIGHTS AND MEASURES JOHN YOUNG COMMISSIONER/SEALER



## ORGANIC PRODUCT AUDIT CONTROL SUMMARY SHEET

Company Name\_\_\_\_\_Certification Agency\_\_\_\_\_

| Date | Supplier<br>Name | Organic<br>Ingredient | Ingredient<br>Lot # | Ingredient<br>Amount<br>In | Ingred.<br>Storage<br>Area<br>Location | Verify<br>Org.<br>Cert. | Finished<br>Product<br>Amt. | Processing<br>Loss | Finished<br>Prod.<br>Lot # |
|------|------------------|-----------------------|---------------------|----------------------------|--|-------------------------|-----------------------------|--------------------|----------------------------|
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |
|      |                  |                       |                     |                            |  |                         |                             |                    |                            |