

1. Business Identification

Business ID (self select):

2. Operator Name, Business Address and Contact Details

Full legal name (Company, sole trader, partnership):
 Trading name (if different):

| | |
|-------------------------------------|---|
| Physical address of winery: | Phone No: Fax No: E-mail: |
| Postal address (for communication): | [] I give consent to being provided electronic information by the NZFSA. |

3. Responsible Person

| Role | Name, Position or Designation | Contact Details (if different from above) |
|-------------------------|-------------------------------|---|
| Day-to-day WSMP Manager | | |

4. Scope of the Wine Standards Management Plan

[] The wine standards management plan covers the area shown on the attached site plan.

Note that wine includes fruit wine, vegetable wine, cider, mead, perry, and fortified wine.

The wine standards management plan covers the making of:

- [] still wine
- [] sparkling wine
- [] fortified wine
- [] wine-based liqueur
- [] wine product (beverage that contains at least 70% wine that has been processed or mixed with other ingredients so that it is no longer wine)

The wine standards management plan covers the following activities:

- [] Receipt of commodities (any plant material or honey used to make wine)
- [] Receipt of juice
- [] Receipt of wine
- [] Winemaking
- [] Bottling/packaging
- [] Storage of wine (bulk or packaged)
- [] Other (specify) _____

Do any other food manufacturing activities occur within the area shown on the site plan? [] yes [] no

How are these activities managed so they do not introduce hazards to winemaking operations?

[] covered under the Food Act 1984 (or its replacement)

[] covered under the Animal Products Act 1999

[] other, please specify

5. WSMP Documentation and Records. Complete either **A** or **B**.

A

[] I am following a NZFSA-approved Code of Practice in its entirety.

Title: _____

Date or version number: _____

[] I confirm that I have all records and other documentation required by the Code of Practice

B

[] I am not following a NZFSA-approved Code of Practice in its entirety.

My wine standards management plan consists of:

1. The following sections of a NZFSA approved code of practice;

Code of Practice title: _____

Date or version number: _____

List sections followed:

2. The following sections from alternative programmes or documents (list titles and locations of other sections);

Where a wine standards management plan includes sections from alternative programmes, these must be evaluated by a recognised evaluator to confirm that they meet requirements of the Wine Act 2003.

[] Copy of independent evaluation report attached.

6. Verification

Verifier's Freedom and Access to carry out Verification Functions (Wine (Specifications) Notice 2006, clause 24)

I authorise my contracted verifier to have the freedom and access necessary to allow him/her to carry out verification functions and activities, including —

- (a) having access to all parts of the wine making place and facilities within the physical boundaries of the wine standards management plan; and
- (b) having access to all documentation, records and information relating to, or comprising, the wine standards management plan; and
- (c) having freedom to examine all things necessary, including the wine making place, facilities, equipment, amenities, wine making inputs, packaging and labels, and open any containers, packages and other associated things to inspect their contents; and
- (d) having freedom to identify or mark any packaged wine or wine product, equipment, or associated thing.

7. Confirmation

- [] A letter has been received from the verification agency confirming they will verify the wine standards management plan at all sites covered by it.
- [] I confirm that all of the documents listed in Section 5 are appropriate for my operation.
- [] I confirm that all facilities and equipment necessary to implement the WSMP are available and ready to operate.
- [] I confirm that the WSMP, including all supporting documentation, has been authorised by me.
- [] I confirm that the WSMP will be implemented as written, including all relevant parts of the Code of Practice.

Name: _____

Signature: _____

Day-to-day manager / Operator (circle one)

Date: / /