



## C.A.F.E. PRACTICES

### Closing Meeting Signature Form V2-0

<b>Application ID:</b>			
<b>Application name:</b>			
<b>Verification organization:</b>			
<b>Inspector(s):</b>			
<b>Dates of verification:</b>			
<b>Location of closing meeting:</b>			
<b>Application in Harvest?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Affirmation:</b>  <input type="checkbox"/> I affirm that it was discussed during the closing meeting that findings are preliminary only and may be subject to change as a result of internal review by the verification organization or through review by SCS Global Services or other parties.  <input type="checkbox"/> I affirm that all non-compliance evaluations for zero tolerance indicators, as listed in the Zero Tolerance NC Summary sheet, were discussed at the closing meeting.  <input type="checkbox"/> I affirm that the general findings of the verification were discussed during the closing meeting.  <input type="checkbox"/> I affirm that all supply chain discrepancies, including significant differences between verified volumes and self-reported volumes, were discussed during the closing meeting.  <input type="checkbox"/> I affirm that any required documents that were unavailable during the inspection were requested during the inspection closing meeting.			
<b>Supplier representative</b>		<b>Lead inspector</b>	
<b>Print Name:</b>		<b>Print Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	



## C.A.F.E. PRACTICES

### Closing Meeting Zero Tolerance NC Summary

**DISCLAIMER: The non-conformities reported in the Zero Tolerance NC Summary are preliminary only and are subject to change based on internal review and additional review by SCS or other parties.**

Application ID:

Application name:

#### Zero tolerance NC evaluations by indicator

Indicator code	Number of entities with Zero Tolerance NC	Entity Code(s)

Notes: