

CE/Location Name _____

Date _____



RESTAURANT INGREDIENT LIST

(Please make additional copies as necessary.)

- Use this form for all organic ingredients used in your restaurant. Please feel free to use your own format so long as it contains all of the information requested here.

A) Please attach a copy of the current certificate for each organic ingredient used in your establishment. This list should also include all items purchased and sold without further handling, such as pre-packaged beverages, table condiments, etc.

B) Please provide the following required information for each organic ingredient handled at your establishment:

Ingredient (e.g. carrots; baking mix)	This ingredient is certified organic under which claim?			Please check here if the Organic Certificate is attached	Vendor Name	Agency certifying the ingredient (e.g. QAI)	Estimated volume to be purchased in the next 12 months	Inspector verification only
	100 %	Organic (≥95%)	Made with... (≥70%)					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Date Completed: _____ Initials: _____