

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(for service i.e. the location where the wine is being made) of winery:

Phone No:

Fax No:

E-mail:

Postal address (for communication):

I give consent to being provided electronic information by MPI

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 (WSMP)

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

This wine standards management plan covers the making of:

- | | |
|---|--|
| <input type="checkbox"/> still wine | <input type="checkbox"/> wine-based liqueur (attach flow diagram) |
| <input type="checkbox"/> sparkling wine | <input type="checkbox"/> extension product (attach flow diagram) |
| <input type="checkbox"/> fortified wine | <input type="checkbox"/> partial processed product (attach flow diagram) |
| <input type="checkbox"/> wine product | |

This wine standards management plan covers the following activities:

- | | |
|--|---|
| <input type="checkbox"/> Receipt of grapes | <input type="checkbox"/> Labelling |
| <input type="checkbox"/> Receipt of juice/wine | <input type="checkbox"/> Storage of wine (bulk or packaged) |
| <input type="checkbox"/> Winemaking | |
| <input type="checkbox"/> Bottling/packaging | |

Do any other food manufacturing activities occur within the area of the WSMP? yes no

How are these activities managed so they do not adversely affect winemaking operations?

covered under the Food Act 2014

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 MPI-approved Code of Practice in its entirety.

Title: _____

Date or version number: _____

I confirm that all records required by the Code of Practice are available for inspection or retrievable within 2 days if not on-site, and are retained for 7 years.

Applicants that follow a MPI-approved Code of Practice in its entirety are not required to submit an independent evaluation report with their application.

B

I am not following a MPI-approved Code of Practice in its entirety.

My wine standards management plan consists of:

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

Code of Practice title: _____

Date and/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 2007, 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: / /