

 **INTERNATIONAL ORGANIC INSPECTORS ASSOCIATION**

 **CERTIFIER’S INSPECTOR EVALUATION FORM**

Dear Certifier:

 The IOIA recognizes certifier input as a valuable component of its inspector accreditation program. An applicant must provide Certifier’s Inspector Evaluation Forms for all certifiers with whom they have worked in the previous three years. Please complete this form on behalf of the inspector applicant seeking accreditation under IOIA’s Inspector Accreditation Program. The information you provide will be considered along with information provided by the applicant. You may make arrangements to return this form to the applicant or send it directly to IOIA, P.O. Box 6, Broadus, Montana, USA 59317. If you have any questions, please do not hesitate to contact the Margaret Scoles, IOIA Executive Director, ph/fax: (406) 436-2031, email: ioia@ioia.net

*Applicant: Please fill in first 3 lines*

**Applicant Inspector’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This applicant is applying for accreditation in Crops\_\_\_\_\_\_ Livestock\_\_\_\_\_\_ Handling\_\_\_\_\_\_**

**Certification Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Certifying Agency: Please fill in the remainder of this form.*

**Name of person completing this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Approximately how many inspections has the applicant completed for your organization in each of the following categories? (Circle your answer.)

 Crops 1-10 11-20 21-30 31-40 >40

 Livestock 1-10 11-20 21-30 31-40 >40

 Handling 1-10 11-20 21-30 31-40 >40

2. Please rate the applicant on the following inspector attributes: (Circle your answer.)

 a. Thoroughness of inspection Excellent Good Fair Poor

 b. Completeness of reports Excellent Good Fair Poor

 c. Writing skills Excellent Good Fair Poor

 d. Timeliness Excellent Good Fair Poor

 e. Proficiency in field crops Excellent Good Fair Poor

 f. Proficiency in fruit/vegetable Excellent Good Fair Poor

 g. Proficiency in livestock Excellent Good Fair Poor

 h. Proficiency in grain processing Excellent Good Fair Poor

 i. Proficiency in food processing Excellent Good Fair Poor

 j. Commitment to organics Excellent Good Fair Poor

 k. Self evaluation capacity Excellent Good Fair Poor

 l. Social skills Excellent Good Fair Poor

 m. Receptiveness to critique Excellent Good Fair Poor

 n. Understanding of your policies Excellent Good Fair Poor

Continued on the other side

1. Have you ever denied work to this inspector? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_
2. The IOIA encourages you to elaborate on the above items and to provide additional comments or information that you feel is relevant to this inspector’s accreditation. Please comment for each category that the applicant is applying. Use additional pages if necessary.
	1. Crops
	2. Livestock
	3. Handling

**I attest that the above information is true and accurate.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

Please be aware that the applicant cannot be reviewed for accreditation until this evaluation form is completed and returned. Your prompt response is appreciated.

**THANK YOU FROM THE IOIA ACCREDITATION REVIEW PANEL**