

# NSF Surefish™

Seafood Quality Specialists

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## SEAFOOD QUALITY INSPECTION Order Form

### Client Information

COMPANY NAME:		CONTACT NAME:		EMAIL ADDRESS:	
ADDRESS:			PHONE NUMBER:		FAX NUMBER:
Inspection Billing (check one)		<input type="checkbox"/> Client	<input type="checkbox"/> Other (Specify)		
Inspection Report Sent To (Check all that apply)		<input type="checkbox"/> Client	<input type="checkbox"/> Producer	<input type="checkbox"/> Other (Specify)	

### Inspection Details

PRODUCT DESCRIPTION (Species & Form):			PRODUCER/VESSEL NAME:				
LOT SIZE (Specify Qty and Packaging)		LOT IDENTIFICATION/PACK CODE:	PACK SIZE:		SAMPLE SIZE: <input type="checkbox"/> Per Client <input type="checkbox"/> Per NSF Surefish		
SAMPLE to be DRAWN/COLLECTED BY:		<input type="checkbox"/> NSF Surefish	<input type="checkbox"/> Client	<input type="checkbox"/> Cold Storage	<input type="checkbox"/> OTHER (Specify)		
LOCATION of INSPECTION:		<input type="checkbox"/> EAST COAST	<input type="checkbox"/> BELLINGHAM	<input type="checkbox"/> SEATTLE	<input type="checkbox"/> DUTCH HARBOR	<input type="checkbox"/> BUSAN	<input type="checkbox"/> VIETNAM
<input type="checkbox"/> OTHER LOCATION (Specify Location Including City/State/Country):							
SPECIFICATIONS USED FOR INSPECTION		<input type="checkbox"/> NONE PROVIDED	<input type="checkbox"/> PROVIDED (Include Details)				
INSPECTION METHOD REQUIRED:		<input type="checkbox"/> NSF Surefish Standard Methodology					
<input type="checkbox"/> NSF Surefish Limited (Specify):							
<input type="checkbox"/> Special Instructions (Specify):							
PRODUCT AVAILABILITY (select one):		DATE: _____	TIME: _____				
<input type="checkbox"/> Delivered to NSF Surefish		<input type="checkbox"/> OTHER Location (address & telephone number)	Address: _____				
		Telephone Number: _____	City/State/Country/Zip: _____				
Product Release Information:							
REQUESTED DATE and TIME of INSPECTION:		PROVIDED COST ESTIMATE for INSPECTION:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Date(s): _____							
Time: _____		Would you wish company representation present at time of inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspections are scheduled based on orders received. Please make sure your inspection reservation well in advance

Clients reserving inspections will be given priority over those with no or short notices.

Client will be responsible for payment within 15 days of billing. Late payments will incur a 1% penalty.

**CONFIDENTIALITY** - NSF Surefish, its employees and contractors are comitted and obligated to confidentiality of the information received in the course of employment by the client. Inspection information will be disclosed only to the client ordering the inspection, unless authorized in writing or electronic mail by client or legally compelled.

**SPECIFICATIONS** - Inspections will be made according to the specifications provided by the client. Absence of specifications by the client,

NSF Surefish will make objective observations without application of particular specifications.

**SAMPLING** - Sampling rates and methods will be agreed upon by NSF Surefish and client. NSF Surefish is responsible for observing and reporting the findings of the sampling according to the agreed specifications. NSF Surefish cannot guarantee that the sampling will correctly represent the attributes of any of the unsampled product. NSF Surefish will note on our inspections when others have drawn samples.

