



# CCOF

Organic Certification

Education & Outreach

Political Advocacy

Promotion

## Sample Audit Trail for an Organic Product

You will need to develop an audit trail that is specific to your operation. Consider using documents associated with your procedure for a food safety product recall, if applicable.

This is an example of the type of information you might submit to accompany the H5.0 Audit Trail for Handlers form. This sample audit trail includes an invoice, a batch record, a receiving log, a bill of lading and an inventory record that are linked by lot numbers.

### Contents:

#### A. Outgoing Invoice

The invoice from the organic handler to the buyer shows the lot number of the finished product.

#### B. Batch Record

The batch record shows both ingredient and finished product lot numbers.

#### C. Receiving Log

The receiving log shows the ingredient lot numbers.

#### D. Incoming Bill of Lading

The bill of lading for organic ingredients shipped from the supplier to the organic handler shows the ingredient lot numbers.

#### E. Inventory

Finally, the inventory record shows on-hand inventory of both ingredients and finished products, and includes their lot numbers. When maintained regularly, it can be used to show that the quantity of organic ingredients you receive supports the quantity of organic product you sell.



# Outgoing Invoice A

## INVOICE

### Great Organics

All Organic, All The Time!  
 [Street Address]  
 [City, ST ZIP]  
 Phone: [000-000-0000]  
 Fax: [000-000-0000]

|              |               |
|--------------|---------------|
| DATE:        | 9/21/2012     |
| INVOICE #    | [123456]      |
| Customer ID  | [123]         |
| <br>Due Date | <br>9/29/2012 |

#### BILL TO

Smart Choices Food Store  
 [Street Address]  
 [City, ST ZIP]  
 [Phone]

| DESCRIPTION  | TAXED | AMOUNT |
|--|-------|--------|
| 200 units Essential Organic Product lot# 082712Org | xx    | xxx    |
|  |       |        |
|  |       |        |
|  |       |        |
|  |       |        |
|  |       |        |
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|  |       |        |
|  |       |        |

|                  |            |   |
|------------------|------------|---|
| Subtotal         | \$         | - |
| Taxable          | \$         | - |
| Tax rate         | xx         |   |
| Tax due          | xx         |   |
| Shipping         | xx         |   |
| <b>TOTAL Due</b> | <b>xxx</b> |   |

**OTHER COMMENTS**

1. Total payment due in 30 days  
 2. Please include the invoice number on your check

California DHS Registration Number xxxxx

Make all checks payable to  
**Great Organics**

If you have any questions about this invoice, please contact  
 [Name, Phone #, E-mail]

***Thank You For Your Business!***

# Great Organics Batch Record

Batch Number: **082712Org**      Date: 8/27/2012  
Product Name: Organic Essential  
Production Manager:

| Ingredient      | Ingredient Lot No. | Amount Used | Comment                  |
|-----------------|--------------------|-------------|--------------------------|
| X               | abc                | xxx         |                          |
| Y               | 82512              | xx          |                          |
| Z               | 1234WPO1           | xx          | Used up last of this lot |
| Total Produced: |                    | xxx         |                          |

Number of units produced: \_\_\_\_\_

Purge or Cleaning details: \_\_\_\_\_



**Organic Ingredients Inc.**

Address  
City, State, ZIP

**Bill of Lading**

No.: 101

| FROM |                               | TO          |                |
|------|-------------------------------|-------------|----------------|
| Name | Joe Shipper                   | Name        | Jane Receiver  |
|      | Basic Ingredients Warehouse 1 | Company     | Great Organics |
|      |                               | Street      |                |
| Date | 08/20/12                      | City, State |                |
| Dept | Acct                          | Zip Code    |                |

| Number of Packages | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight (Subject to Change) | Reference Numbers |
|--------------------|---|----------------------------|-------------------|
| 1                  | box Ingredient X  |                            | abc               |
| 2                  | boxes Ingredient Y  |                            | 82512             |
| 1                  | box Ingredient Z  |                            | 1234WPO1          |
|                    |   |                            |                   |
|                    |   |                            |                   |
|                    |   |                            |                   |

| Shipping Instructions                       |   | For Shipping Use Only |            |
|---|---|-----------------------|------------|
| Check One                                   | Payment                                       | Method                | Date       |
| <input type="checkbox"/> Next Day           | <input type="checkbox"/> Shipper              | Bill No.              | Shipped By |
| <input type="checkbox"/> Second Day         | <input checked="" type="checkbox"/> Recipient | Ship. Cost            | Dept. Chgd |
| <input checked="" type="checkbox"/> Routine | <input type="checkbox"/> Third Party          |                       |            |
|   | <input type="checkbox"/> COD Amt Due          |                       |            |
| Delivered by                                |   | Date                  |            |
| Received by                                 |   | Date                  | # Boxes    |

COMMENTS

# Great Organics

Inventory Date:

Counted By:

This inventory sheet may be used to monitor your inventory of organic ingredients and/or finished products as required on the H5.0 Audit Trail for Handlers form Section A2.

| Inventory         |            |         |           |          |            |                   |          |       |
|-------------------|------------|---------|-----------|----------|------------|-------------------|----------|-------|
| Item              | Ingredient | Product | Lot No.   | Unit     | Unit Price | Inventory On Hand | Total \$ | Notes |
| X                 | x          |         | abc       | box      |            |                   |          |       |
| Y                 | x          |         | 82512     | box      |            |                   |          |       |
| Z                 | x          |         | 1234WPO1  | box      |            |                   |          |       |
| Essential Organic |            | x       | 082712Org | 8oz pack |            |                   |          |       |
|                   |            |         |           |          |            |                   |          |       |
|                   |            |         |           |          |            |                   |          |       |

Complete this sheet monthly or more frequently.