

2015 IBWA CANDIDATE BOTTLER INFORMATION FORM

Please complete the following form and return it to IBWA by **January 31, 2015**. This information will be used to update our records and schedule your facility for a 2015 plant inspection. **Complete one form, including Parts I-IV for each bottling plant.** Thank you for your immediate attention.

PART I. Please fill in the blanks with the correct information.

COMPANY NAME: _____

USPS STREET ADDRESS OF PLANT: _____ (Not a P.O. Box)

PHYSICAL ADDRESS OF PLANT: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

PLANT CONTACT PERSON & EMAIL ADDRESS: _____

ALTERNATE CONTACT PERSON & EMAIL ADDRESS: _____

DAYS AND TIME BOTTLING IS PERFORMED: _____ (please specify)

PLEASE SELECT ONE CANDIDATE AUDIT CONTRACTOR:

EAGLE Certification Group ___ Eurofins Scientific Inc. ___ NSF International ___

COMPLETE THE FOLLOWING FOR IBWA TIER 1 INSPECTIONS ONLY!

1. Do you anticipate any major plant renovation or equipment changes in your plant which would impact the timing of an inspection in 2015?

Yes

No

If yes, please give approximate date(s). _____

****NOTE: If there is a change in the above date(s), you must notify IBWA immediately.****

2. Please give nature of renovations and/or equipment change below:

Plant Construction

Equipment Installation

Plant Relocation

Other _____

PART II. For source waters, please check the applicable treatment methods. If your answer is not listed, write in your answer in the space marked "other". See key below for codes.

SOURCE WATER	TREATMENT METHODS									
	AC	DI	DE	OZ	ME	RO	UV	AE	MI	Other (Specify)
SPRING										
ARTESIAN WELL										
WELL										
MUNICIPAL SYSTEM										
*OTHER										
*(SPECIFY OTHER SOURCE TYPE) _____										
For spring source, check method of collection.										
Borehole _____ Collection Box _____ Other _____										

KEY:AC=Activated Carbon; DI=Distillation; DE=Deionization; OZ=Ozonation; ME=Mechanical Filtration; RO=Reverse Osmosis; UV=Ultra Violet; AE=Aeration; MI=Micron Filtration

PART III. Check finished product disinfection method.

FINISHED PRODUCT	DISINFECTION		
	OZ	UV	OTHER (specify)
SPRING WATER			
ARTESAN WELL WATER			
PURIFIED WATER			
PURIFIED WATER WITH MINERALS ADDED			
OTHER: _____			

PART IV. Check product container size and type used for packaging.

PACKAGE SIZE	TYPE OF PACKAGE				
	POLYCARBONATE	PET	HDPE	GLASS	OTHER (specify)
5 GALLON					
3 GALLON					
2 1/2 GALLON					
1 GALLON					
1/2 GALLON					
20-25 OZ					
16.9 OZ (0.5 LITER)					
12 OZ					
8 OZ					
OTHER: _____					