

Listing of Off-farm Commercial Inputs and Products

Client Name:		Date:	
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Please ensure that you have completed this form to have all off-farm commercial inputs and products reviewed and approved by CSI prior to use. Please provide the SDS and label information from the manufacturer of the product.

PRODUCT	BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?				REASON FOR USE
		Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance				
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

PRODUCT	BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?				REASON FOR USE
		Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance				
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

PRODUCT	BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?				REASON FOR USE
		Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance				
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

PRODUCT	BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?				REASON FOR USE
		Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance				
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

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		Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance				
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

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			Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance			
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

PRODUCT		BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?			REASON FOR USE
			Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance			
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	

PRODUCT		BRAND NAME, MANUFACTURER OR SOURCE	DOES THE PRODUCT HAVE AN APPROVAL CERTIFICATE ISSUED BY A MATERIAL REVIEW AGENCY?			REASON FOR USE
			Y <input type="checkbox"/> N <input type="checkbox"/> Date of Issuance			
		Certificate Submitted to CSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N//A <input type="checkbox"/>	