

**Ministry of Commerce, Business Development, Investment and Consumer Affairs
BASELINE DATA SITE VISIT RECORD**

Year_____Month_____Day_____

Investigating Officer _____ **Time In** _____ **Time Out** _____

COMPANY _____

MANAGEMENT SYSTEM ISSUES

Vision__ Mission__ Objectives__ Business Plan__ Quality Manual__
Quality Policy__ Management Audits__ Documented Procedures__

INDUSTRY CERTIFICATIONS

GMP__GAP__ISO 9001__ISO 14001__ISO 22000__HACCP__

OTHER _____

STATUTORY REQUIREMENTS:

Form	Status	Form	Status
()Health Cert. Premises	_____	()Import Lic	_____
()Emp. Health Card	_____	()Tobacco Lic	_____
()Liquor Lic.	_____	()SLBS (Labels)	_____
()SLBS (facility)	_____	()SLBS (wgts& meas)	_____
()Business Name Registration	_____	()SLBS(cert of sale)	_____
()NIC REG	_____	()IRD REG	_____
Trade Lic	_____	INCORPORATION	_____

RISK MANAGEMENT

INSURANCE	COMPANY	STATUS	INSURED	AMOUNT
Life	_____	_____	_____	_____
Health	_____	_____	_____	_____
Stock	_____	_____	_____	_____
Theft	_____	_____	_____	_____
Fire	_____	_____	_____	_____
Natural Disasters	_____	_____	_____	_____
Automobile	_____	_____	_____	_____
Building	_____	_____	_____	_____
Business Interruption	_____	_____	_____	_____

Succession plan Yes ___ No ___ In progress ___

Other risk management measures

MANAGEMENT INFORMATION SYSTEM

Internet Access _____ Email _____ Website _____
 HARDWARE _____ SOFTWARE _____ TELECOM: Land Line ___ Fax ___ Cell ___

FINANCIAL RECORD KEEPING SYSTEM

Sales ___ A/R ___ Asset Reg ___ Inventory system ___ A/P ___ Cash Rec ___ Cash Disb ___
 Customer Database ___ Supplier database ___ Long Term Debt ___
 OTHER _____

MARKETING

MKTG. PLAN: YES [] NO [] IN PROGRESS _____
 CUSTOMERS: Gender ___m ___f___ Age range ___ Local ___ Regional ___ Extra regional ___
 MAJOR COMPETITORS(3) _____

ASSISTANCE RECEIVED

Training ___ Fiscal Incentives ___ Duty Free Concessions ___
 Market & Product Development ___ Advocacy ___ Finance ___ HR ___
 Other _____

RATINGS OF ASSISTANCE RECEIVED FROM THE MINISTRY OF COMMERCE

Satisfied _____ Somewhat Satisfied ___ Not Satisfied _____
 Recommendations _____

MAJOR CHALLENGES

Area	Major challenge
Marketing	
Finance	
Operations	
Human Resource	
Other	

Client Plans by March 31st, _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Ministry deliverables by March 31st, _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Additional Information:

I _____ am duly authorized to provide the information above and that, the information is true and correct to the best of my knowledge.

I further understand that knowingly providing false information may lead to the revocation of my status as a declared business and or prosecution, under the Micro and Small-scale Enterprises Act of 1998.

Client Acceptance _____

Date _____

Business Development /
Commerce Officer _____

Date _____

Director Approval _____

Date _____

acronyms

- SLBS Saint Lucia Bureau of Standards
- NIC REG National Insurance Corporation registration
- GMP Good Manufacturing Practices
- GAP Good Agricultural Practices
- HACCP Hazard Analysis Critical Control Point
- A/P Accounts Payable
- A/R Accounts Receivable