



Department of Commerce, International Trade, Investment, Enterprise Development and Consumer Affairs

BASELINE DATA SITE VISIT RECORD

Year _____ Month _____ Day _____

Investigating Officer _____ Time In _____ Time Out _____

BUSINESS NAME _____ DISTRICT _____

CONTACT PERSON _____ DESIGNATION _____

SECTOR _____ PRODUCTS _____

Part 1

MANAGEMENT SYSTEM ISSUES

- Vision Mission Objectives Business Plan Quality Policy
- Standards Implementation Manual Management Audits Documented Procedures

INDUSTRY CERTIFICATIONS

- GMP GAP ISO 9001 ISO 14001 ISO 22000 HACCP
- Other (Please specify) _____

STATUTORY REQUIREMENTS: (Use: **N/A** – Not Applicable; ✓ – Valid; **X** – Applicable but does not have one)

Form	Status	Form	Status
Health Certified Premises	_____ <input type="checkbox"/> n/a	Incorporation	_____ <input type="checkbox"/> n/a
Employee Health Card	_____ <input type="checkbox"/> n/a	SLBS (Facility)	_____ <input type="checkbox"/> n/a
Import License	_____ <input type="checkbox"/> n/a	SLBS (Labels)	_____ <input type="checkbox"/> n/a
Liquor License	_____ <input type="checkbox"/> n/a	SLBS (Wgts& meas)	_____ <input type="checkbox"/> n/a
Tobacco License	_____ <input type="checkbox"/> n/a	SLBS(Cert of sale)	_____ <input type="checkbox"/> n/a
Trade License	_____ <input type="checkbox"/> n/a	NIC Registration	_____ <input type="checkbox"/> n/a
Business Name Registration	_____ <input type="checkbox"/> n/a	IRD Registration	_____ <input type="checkbox"/> n/a

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 Accounts Receivables Accounts Payable Inventory system
Asset Register Cash Reconciliation Cash Disbursement Customer Database
Supplier database Long Term Debt Other (Please specify) _____

MARKETING

- Marketing Plan:** Yes No In Progress
Customers: Gender - M / F Age range: ____ Local Regional Extra regional
Major Competitors: (1) _____ (2) _____ (3) _____

ASSETS

Fixed Assets	Value	Current Assets	Value
Land	_____	Cash	_____
Building	_____	Accounts Receivable	_____
Machinery	_____	Stock	_____
Patents	_____	Other	_____

LIABILITITES

Type	Amount	Institution	Status
<input type="checkbox"/> Loan <input type="checkbox"/> Hire Purchase	_____	_____	_____
<input type="checkbox"/> Loan <input type="checkbox"/> Hire Purchase	_____	_____	_____
<input type="checkbox"/> Loan <input type="checkbox"/> Hire Purchase	_____	_____	_____

HUMAN RESOURCES

Function	Number	Gender
_____	_____	<input type="checkbox"/> M ____ <input type="checkbox"/> F ____
_____	_____	<input type="checkbox"/> M ____ <input type="checkbox"/> F ____
_____	_____	<input type="checkbox"/> M ____ <input type="checkbox"/> F ____

ASSISTANCE RECEIVED FROM THE DEPARTMENT OF COMMERCE

- Training Fiscal Incentives Duty Free Concessions
Market & Product Development Advocacy Finance HR
Other (Please specify) _____

RATE ASSISTANCE RECEIVED

- Satisfied Somewhat Satisfied Not Satisfied
 Recommendations _____

MAJOR CHALLENGES

Area	Major challenge
Marketing	
Finance	
Operations	
Human Resource	
Other	

Part 2		Action Plan	
Action Steps	Responsible Party	Est. Time to Complete	Completion Date
	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		
	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		
	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		
	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		
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	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		
	<input type="checkbox"/> Client <input type="checkbox"/> Counselor		

Part 3		Projected Impact on Business	
With the help of the SBDC, we plan to achieve the following results:			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Additional Information:

I/We _____ am/are duly authorized to provide the information above, and do verify that the information is true and correct to the best of my/our knowledge.

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

Checklist of Documents to be provided by Client

- Business Name Registration/ Certificate of Incorporation
- Financial Records
- Business Plan
- Trade License
- Health Certificate
- Compliance letter from Inland Revenue
- Compliance letter from National Insurance Corporation (NIC)
- Value Added Tax (VAT) Registration
- Specifications for Vehicles and Equipment (where applicable)
- Saint Lucia Bureau of Standard certificate (optional)
- Other _____
- Other _____

Client Acceptance:

Date:

Investigating Officer:

Date:

Director Approval:

Date:

Acronyms

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