

<b>VLOG Version 20.02</b>	<b>VLOG Facility Description Feed Stage – Mobile Grinding and Mixing Facilities</b>	<b>Annex 17 01.09.20</b>
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**PART 1: FACILITY PARAMETERS**

**Name of business/  
Site**

Address of business/  
Site

Province/regional  
administrative entity

District or other local  
administrative

**Contact Person**

Name

Telephone number

E-Mail

**VLOG-ID** (10-xxxxx cf.  
Standard Usage Agreement <sup>1</sup> with VLOG)  
or name of Matrix Organiser

If applicable, registration no. (in  
accordance with Regulation (EC) 183/2005)

**Activity area of the business in the VLOG-production:**

Operating of Mobile Grinding and Mixing Facilities

(Planned) portion/quantity of “VLOG” production out of the total production (in %)	Portion (%)  Quantity (t)
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Staff members of the “VLOG” section  
including their responsibilities;  
organisational chart  
(add attachment if necessary)

Facilities with a different address/  
business involved in  
production/cooperation partners  
(add attachment if necessary)

Other types of certification

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<sup>1</sup> Until 15 June 2017: Certification Agreement. Not relevant for companies that are part of a Matrix Organisation sites, in this case: name the Matrix Organiser here

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**PART 2: ORGANISATION OF “VLOG GEPRÜFT” PRODUCTION**

**1. Which mobile grinding and mixing facilities are integrated into the VLOG certification? Please list vehicle identification number (VIN) and license plate for each facility.**

**2. The facilities listed in 1. process**

exclusively feed not subject to compulsory labelling,  
concerns facilities with the following license plate:

both feed subject to and not subject to compulsory labelling,  
concerns facilities with the following license plate:

**3. Does the business trade feed (oil/fats)?**

No

Yes, including

Oils and fats not subject to compulsory labelling

(partially) including oils and fats not subject to compulsory labelling that are of  
“VLOG geprüft” quality

Oils and fats subject to compulsory labelling

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**PART 3: EVALUATION OF THE BUSINESS**

	<b>Auditor</b>	<b>Evaluator / Certifier:</b>
Date		
Signature		

Comments/reasons:

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**Annual update of the facility description by the business/site within the scope of self-monitoring:**

The relevant parts of the facility description were changed, if necessary, and are now up to date.

Year of examination			
<b>Business/site</b>			
Examiner (Name, title)			
Date			
Signature			