SBP audit report on Energy and GHG data (SAR)

# (For Biomass Producers)

## SBP certificate Holder number: Click or tap here to enter text.

## SBP Certificate Holder name: Click or tap here to enter text.

## Reporting period: From: Click to enter from date To: Click to enter to date

## Static Date References (SDIs) included in this report: Click to enter SDIs included in the report [In format XX-YY-ZZ] + SDI description

##

# GENERALITIES

## PART 1 – Administrative information

**Basic information on the Certification Body (CB)**

|  |  |
| --- | --- |
| **Date of audit (on site)** | Click or tap to enter a date. |
| **Name of the Certification Body** | Click or tap here to enter text. |
| **Audit team members** | Click or tap here to enter text. |
| **Qualifications of team members** | Click or tap here to enter text. |

**General Information on the legal owner**

|  |  |
| --- | --- |
| **Company name** | Click or tap here to enter text. |
| **Contact person on site** | Click or tap here to enter text. |
| **Contact person’s function**  | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |
| **Wood chipping facility** | [ ]  Centralized[ ]  Mobile |
| **Address** (physical location of the biomass production unit / centralized chipping facility (if applicable))**Telephone** | Click or tap here to enter text. |
| **Describe the location and the surroundings of the centralized chipping facility (if applicable):** *(for example, in an industrial estate, in forest area, next to a sawmill, next to a harbour...)* | Click or tap here to enter text. |
| **Geographic coordinates of the centralized chipping facility (if applicable):** | Click or tap here to enter text. latitudeClick or tap here to enter text. longitude |

***Please indicate company office address if different from the production unit***

|  |  |
| --- | --- |
| **Address**  | Click or tap here to enter text. |
| **Description of activity occurring at this location** | Click or tap here to enter text. |
| **Telephone / Fax company office** | Click or tap here to enter text. |

***Please indicate address of off-site storage, handling or trans-shipment facility, if any***

|  |  |
| --- | --- |
| **Address**  | Click or tap here to enter text. |
| **Description of activity occurring at this location** | Click or tap here to enter text. |
| **Telephone / Fax company office** | Click or tap here to enter text. |

**Operating licence or similar of the legal owner**

|  |  |
| --- | --- |
| Type and reference number | Click or tap here to enter text. |
| Place and date of issue | Click here to enter place of issue., Click or tap to enter a date. |
| Issued by | Click or tap here to enter text. |

**Certifications held by the legal owner (if applicable)**

|  |  |
| --- | --- |
| Certification type and reference number(SBP, ISO 9001:2000, ISO 14001:2004, SA 8000:2001, Other…) | Click or tap here to enter text. |
| Place and date of issue | Click here to enter place of issue; Click or tap to enter a date. |
| Certification Body | Click or tap here to enter text. |

## Geographic location of the production (and end point)

***Insert/circle the location of the Supply Base and centralized chipping facility (if applicable) on a regional map:***

 ***Insert the location of the end point (transfer of legal ownership) on a regional map:***

##

## SECTION A: Input Groups for Biomass Production

## Feedstock sourcing and certification

**Introduction**

This Section (A) shall be completed for each Input Group for Biomass Production. **Use as many copies of the table as needed**.

**Description of the Input Groups for Biomass Production**

|  |
| --- |
| FEEDSTOCK ID# Click or tap here to enter text.*(If different Input Groups for Biomass Production are used, please use one copy of this table for each.)* |
| country / region of origin: Click or tap here to enter text. |  | mass ratio (this Input Group for Biomass Production / Total feedstock) for the Reporting Period: Click or tap here to enter text.% |
| **Type, origin and form of the feedstock as received** |  | **Transport data** |
| **1) TYPE** *(Tick only one box),* [ ]  primary feedstock from forests (products or residues)[ ]  woody energy crops (primary feedstock)[ ]  wood industry residues (secondary feedstock)[ ]  post-consumer wood (tertiary feedstock)**2) PHYSICAL FORM** *More than one physical form is allowed in one group.)*[ ]  sawdust[ ]  shavings[ ]  wood offcuts[ ]  wood chips[ ]  wood bark[ ]  round wood[ ]  wood logs[ ]  tree stumps[ ]  inhomogeneous form**3) CERTIFICATION SYSTEM***(Tick all that apply)*[ ]  **none**[ ]  FSC [ ]  PEFC 🞎 SFI 🞎 other (specify) |  | Select all types of vehicle used:[ ]  conveyor belt[ ]  truck[ ]  train[ ]  river boat[ ]  other (specify)Maximum distance to the chipping facility per vehicle type used: Click or tap here to enter text. kmAverage distance to the chipping facility per vehicle type used:Click or tap here to enter text..kmAverage distance driven by mobile wood chipper (if applicable): Click or tap here to enter text. km/ton woodchipsAverage load per vehicle ton:Click or tap here to enter text. metric ton**In-forest use of chemicals** *To be completed in compliance with ID5B section 5.2.**Per metric ton of feedstock*:1. Mass fertiliser in kg/metric ton:

N: Click or tap here to enter text.P2O5: Click or tap here to enter text.K2O: Click or tap here to enter text.CaO: Click or tap here to enter text.1. Type of pesticide used:

Click or tap here to enter text.kg active substance/metric ton: Click or tap here to enter text.**Energy use in forestry operations and chipping***To be completed in compliance with ID5B section 5.3.**Mass/Volume of fuel used per metric ton of feedstock*:1. Type of fuel used: Click or tap here to enter text.
 |

## Energy use in forestry operations and chipping

To be completed in compliance with ID5B section 5.3.

**Other relevant information, including justifications for data provided and methodologies used:**

Click or tap here to enter text.

**Validation by the CB**

|  |  |
| --- | --- |
| **Parameter** | **Comments/information** |
| **Geographical origin of the feedstock used for making the wood chips** | What evidence was available on site to confirm this origin? (for example, CMR, supplier invoices, supplier contracts, registers)Click or tap here to enter text.Are the average distances validated by checking locations on a map?Click or tap here to enter text. |
| **Types of feedstock** | What evidence was available on site to confirm what type of feedstock is used? (for example, CMR, supplier invoices, supplier contracts, registers, physical evidence on site)Click or tap here to enter text. |
| **Transport systems** | Was the auditor able to confirm the type of vehicles / transport facilities used to transport the feedstock to the production site? (visual checking?)Click or tap here to enter text. |
| **Certification systems** | If the delivered feedstock is wood certified against a recognised international forestry standard, please provide the approved certificate numbers or references. Please explain in detail what is covered by the wood certification scheme (for example, the BP itself, some of its suppliers, all of its suppliers, the feedstock).Click or tap here to enter text. |

# SECTION B: Energy use for biomass production

## PART 2 – Biomass production chain

|  |
| --- |
| **This table should only be completed if no drying is undertaken.** |
| Moisture content | Initial moisture of the feedstock, as received | Click or tap here to enter text. % (wet basis)  |
| Explain, with reference to its origin, why the moisture content of the feedstock is sufficiently low to enable the production of wood chips without prior drying. | Click or tap here to enter text. |
| Biomass moisture content | Click or tap here to enter text. % (wet basis) |

# SECTION C: Energy use for transport of biomass

This Section (C) shall be completed for each Static Data Indicator (SDI).

Use a separate copy of the table to describe each SDI.

**Static Data Indicator:** Click or tap here to enter SDI in format [XX-YY-ZZ]. + SDI description

## PART 1 – General transport data

**Transport scheme**

*(For each relevant item of the transport scheme, check the applicable box and fill in the related details.)*

|  |
| --- |
| [ ]  **Inland road transportation** |
| Road distance **K**=Click or tap here to enter text. kmLoad of the trucks  **Q**=Click or tap here to enter text. metric ton | Transport from/to:From City/Town of Click or tap here to enter text.To City/Town of Click or tap here to enter text.[ ] train station[ ]  sea harbour[ ]  river harbour[ ]  power plant | Truck powered by:[ ]  fossil diesel oil[ ] bio-diesel[ ] bio-ethanol[ ] otherClick or tap here to enter text. |

|  |
| --- |
| [ ]  **Inland rail transportation** |
| Distance **K**= Click or tap here to enter text. km | Station of origin:City/Town of Click or tap here to enter text.Transport to:City/Town of Click or tap here to enter text.[ ]  train station[ ]  sea harbour[ ]  river harbour[ ]  power plant | Train powered by:[ ]  electricity[ ]  diesel oil[ ]  bio-diesel[ ]  other Click or tap here to enter text. |

|  |
| --- |
| [ ]  **Inland river transportation (flatboats)** |
| Distance **K**= Click or tap here to enter text. kmLoad of the boat  **Q**= Click or tap here to enter text. metric ton | River harbour of origin:City/Town of Click or tap here to enter text.Transport to:City/Town of Click or tap here to enter text.[ ]  sea harbour[ ]  power plant | Boats powered by:[ ]  fossil diesel oil[ ]  bio-diesel[ ]  other Click or tap here to enter text. |

|  |
| --- |
| **Validation by CB**The auditor must review the information delivered above and verify the data focusing on two parameters that play an important role in the CO2 emissions: * type of vehicles used for transport (*visual check of vehicles / transport facilities on site*)
* destination and distances (*to be checked on a map*)

The auditor must add a map and should comment on the validation of the transport scheme as necessary. Click or tap here to enter text. |

|  |
| --- |
| 🞎 **International sea or river transportation** |
| Distance **K**= Click or tap here to enter text. kmSea Harbour of origin: From City/Town of Click or tap here to enter text.Transfer to: Click or tap here to enter text. | Contract type[ ]  Free-on-Board (*FOB*)[ ]  Cost Insurance Freight (*CIF*) |

**Geographic map:**

## PART 2 – Sea transport

|  |  |
| --- | --- |
| **Reference biomass transported** | Click or tap here to enter text. |
| **Name of the transport company** | Click or tap here to enter text. |
| **Address** | Street: Click or tap here to enter text.City:Click or tap here to enter text..Postcode: Click or tap here to enter text.Country: Click or tap here to enter text. |
| **Contacts** | Tel: Click or tap here to enter text.Fax: Click or tap here to enter text.E-mail: Click or tap here to enter text. |
| **Harbour of departure** [ ]  sea harbour [ ]  river harbour | City/Town: Click or tap here to enter text.Country: Click or tap here to enter text. |
| **Contract type** | [ ]  Free-on-Board (*FOB*)[ ]  Cost Insurance Freight (*CIF*) |
| **Capacity of the whole ship used** (whether this be a full or partial load) | **Nominal capacity Q =**[ ]  Panamax: 70 000 metric ton [ ]  Supramax: 55 000 metric ton [ ]  Handysize: 35 000 metric ton [ ]  Small ships: 3 000 metric ton [ ]  Other (specify) Click or tap here to enter text. metric ton |
| **Backhaul** Please provide evidence that backhaul was applied for the whole journey: | [ ]  Always[ ]  Sometimes, (please explain)[ ]  Never  |
| **Approx. distance to destination port:****Number of days at sea :** | **S**= Click or tap here to enter text. sea miles**D**= Click or tap here to enter text. days |
| **TOTAL energy consumptionfor the sea transport****L**= Click or tap here to enter text. metric ton/day **L x D**= Click or tap here to enter text. metric ton total | Type of fuel used by vessel[ ]  heavy fuel oil[ ]  medium diesel oil[ ]  light diesel[ ]  bio-diesel[ ]  other, specifyClick or tap here to enter text. | Heating value (GJ/ton)**H**= Click or tap here to enter text.**H**= Click or tap here to enter text.**H**= Click or tap here to enter text.**H**= Click or tap here to enter text.**H**= Click or tap here to enter text. |

## PART 3 – Storage, handling and trans-shipment

|  |  |
| --- | --- |
| **Description of any storage, handling or trans-shipment** | Click or tap here to enter text. |
| **Quantity of biomass handled at the different storage, handling and trans-shipment locations** | Click or tap here to enter text. |
| **Energy usage data** | Click or tap here to enter text. |
| **Justification for the approach followed and the values provided** | Click or tap here to enter text. |

**Other relevant information, including justifications for data provided and methodologies used.**

Click or tap here to enter text.

## Contact details and audit report signature

**Certificate Holder**

|  |  |
| --- | --- |
| **Date** | DD/MM/YYYY……………………… |
| **Name, signature and optional stamp of representative filling in the declaration** | Click or tap here to enter text. |

**Auditor**

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/ Ms? Dr) | Click or tap here to enter text. |
| Name of the auditor | Click or tap here to enter text. |
| Name of the Certification Body | Click or tap here to enter text. |
| Address  | Street: Click or tap here to enter text.City: Click or tap here to enter text.Postcode: Click or tap here to enter text.Country: Click or tap here to enter text. |
| Contacts | Tel: Click or tap here to enter text.Fax: Click or tap here to enter text.e-mail: Click or tap here to enter text. |

**Signature of the auditor**

|  |  |
| --- | --- |
| **Date** | DD/MM/YYYY |
| I certify that the data gathered in this form has been checked and validated in compliance with SBP Standard #5 and SBP certification procedures.**Signature** | Click or tap here to enter text. |

**Technical reviewer**

|  |  |
| --- | --- |
| Date and place | DD/MM/YYYY, Click or tap here to enter place. |
| Name of the reviewer | Click or tap here to enter text. |
| I certify that the data gathered in this form has been checked and validated in compliance with SBP Standard #5 and SBP certification procedures.**Signature** | Click or tap here to enter text. |

**Certification decision maker**

|  |  |
| --- | --- |
| Date and place | DD/MM/YYYY, Click or tap here to enter place.  |
| Name of the Certification decision maker | Click or tap here to enter text. |
| I certify that the data gathered in this form has been checked and validated in compliance with SBP Standard #5 and SBP certification procedures.**Signature** | Click or tap here to enter text. |