



MARYLAND DEPARTMENT OF AGRICULTURE

Food Quality Assurance Program

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*MDA Good Agricultural and Good Handling Practices Program
Inspection Request*

Company/Farm Name:	
Mailing Address:	
State & Zip:	
Telephone #:	
Fax #:	
E-mail Address:	
Web Site:	
Contact Person:	
INSPECTION LOCATION(S) ADDRESS:	

Total acres farmed (owned, leased/rented, contracted, consigned): _____

Number of farms to be reviewed: _____

Do you have a packing facility? Yes No

Primary fruits and vegetables produced: _____

Travel distance to reach each farm: _____

Date or dates that you would like to have the inspection done: _____

One of MDA's inspectors will contact you directly to schedule the inspection. If this date(s) changes, we need to be notified as soon as possible.

I understand there is no charge for the Maryland Department of Agriculture to conduct this voluntary inspection and if I pass the inspection I may be certified as compliant with the MDA GAPS program. Although this program is voluntary, I also understand the Secretary of Agriculture has the authority to quarantine a crop if gross contamination that presents an immediate public health risk is observed during the inspection. The quarantine decision may be appealed.

Signature _____ **Date** _____