USDA Good Agricultural and Good Handling Practices Audit Request

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

Information that will help your company in preparing for this audit can be reviewed on the Internet at http://www.ams.usda.gov/gapghp. The audit checklist is information that the auditor will be asking. Questions which have a “D” in the last column require documentation.

The Audit Scope (Parts as listed below and the commodity being reviewed) must be completed. The General Questions apply to all audits and will be asked regardless of the scope.

Please check at least one type of audit and all parts that apply listed below which you would like audited.

<table>
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<tr>
<th>Type of Audit(s) Requested</th>
<th>Scope of Gap &amp; GHP Audit</th>
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</thead>
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<tr>
<td>Good Agricultural Practices &amp; Good Handling Practices (GAP &amp; GHP)</td>
<td>Part 1 – Farm Review</td>
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<tr>
<td>Mushroom Specific GAP Audit (M-GAP)</td>
<td>Part 2 – Field Harvest &amp; Field Packing Activities</td>
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<td>Tomato GAP Audit (T-GAP)</td>
<td>Part 3 – House Packing Facility</td>
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<td>Leafy Greens Audit (LGMA)</td>
<td>Part 4 – Storage and Transportation</td>
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<td>Harmonized GAP</td>
<td>Part 6 – Wholesale Distribution Center/Terminal Warehouses</td>
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<td>Other, Please specify</td>
<td>Part 7 – Preventative Food Defense Procedures</td>
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Commodities being reviewed:

Does the company have more than one packing facility? ______________________________________
Total acres farmed (owned, leased/rented, contracted, consigned): ________________________________
Number of farms to be reviewed: _______________________________________________________
Travel distance to reach each farm: _____________________________________________________

The audit must be requested at least two weeks prior to the last harvest date.

Date or dates that you would like to have the audit done: ________________________________
If this date(s) changes, we need to be notified as soon as possible.
The auditor will contact you to confirm the audit date.

Signature ________________________________ Date ________________________________

GAP&GHP Request Form 07/02/2013