



APPLICATION FOR
GAP/GHP AUDIT



FARM NAME: _____

LOCATION: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL: _____ WEBSITE: _____

CONTACT PERSON: _____

Please define the Audit Scopes that you would like to include in the Audit:

- PART 1 - FARM REVIEW
- PART 2 - FIELD HARVEST AND FIELD PACKING ACTIVITIES
- PART 3 - HOUSE PACKING FACILITY
- PART 4 - STORAGE AND TRANSPORTATION
- PART 5 - TRACEBACK
- PART 6 - WHOLESALE DISTRIBUTION CENTER/TERMINAL WAREHOUSE
- PART 6a - TRACEBACK
- PART 7 - FOOD SECURITY

PLEASE LIST THE COMMODITY OR COMMODITIES BEING REVIEWED: (write on back if necessary)

DOES THE COMPANY HAVE MORE THAN ONE PACKING HOUSE? _____

TOTAL ACRES FARMED (OWNED, LEASED/RENTED, ETC): _____

DID YOU RECEIVE GAP/GHP TRAINING? _____

WILL YOU APPLY FOR THE GAP/GHP COST SHARE GRANT? _____

Please enclose a copy of your Food Safety/Standard Operating Procedures Manual for review. (This can also be emailed, faxed or mailed)

Fees = \$92.00 per hour + \$50.00 administration fee

Once this form is received, CT DoAG representative shall contact you to schedule the initial audit.

SIGNATURE: _____

DATE: _____

Mail this form to:
GAP/GHP Program
CT Department of Agriculture
165 Capitol Avenue, Room 129
Hartford, CT 06106