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? NO

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

DID YOU RECEIVE GAP/GHP TRAINING? NO

WILL YOU APPLY FOR THE GAP/GHP COST SHARE GRANT? NO

Please enclose a copy of your <u>Food Safety/Standard Operating Procedures Manual</u> 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