



MARYLAND DEPARTMENT OF AGRICULTURE

Food Quality Assurance Program
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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.

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