

**Good Agricultural Practices & Good Handling Practices
 Audit Verification Program Scoresheet**



Facility Name (Print) as it should appear on Certificate:			
Street Address (Print):		City (Print):	State (Print):
e-mail Address (Print):		fax number:	Zip (Print):
		-	Date Audit Requested:
			Date of Previous Audit :
Date Audit Began:		Date Audit Completed:	USDA Commodity Procurement Audit?
Time Audit Began:		Time Audit Completed:	Check One Yes <input type="checkbox"/> No <input type="checkbox"/>

EVALUATION ELEMENTS

Scopes Requested	Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score*	Facility Score	Pass Fail	Date Passed	General Questions	Reviewing Official	Un-announced
X	General Questions	180									
	Part 1 – Farm Review	190									
	Part 2 – Field Harvesting & Field Packing Activities	185									
	Part 3 – House Packing Facility	290									
	Part 4 – Storage and Transportation	255									
	Part 6 – Wholesale Distribution Center/ Warehouses	410									
	Part 7 – Preventative Food Defense Procedures	180									

**A Passing Score is 80% of the Possible Points or the Adjusted Points, if adjustment are necessary, with no "automatic unsatisfactory" conditions is required for certification.

Commodities Reviewed (Print):	Commodity:								
	Acres:								

Send completed GAP&GHP Certificate to: (choose one) Inspection office: (list office) Directly to auditee above:

Lead Auditor Name (Print): _____ **Duty Station:** _____ **Signature & Date:** _____

Facility Representative signature: _____ **Date:** _____ **All Scopes Completed:** _____

By signing this form, the facility representative agrees to have company information posted to the USDA website. A company will only be listed on the USDA website if all scopes audited receive a passing score.

For USDA HQ use:
Reviewing Official Name (Print) _____ **Signature:** _____
Date Received: _____ **Date Certificate Mailed:** _____ **Date Posted to USDA Website:** _____