

**USDA Good Agricultural Practices Good Handling Practices
Audit Verification Checklist**



This program is intended to assess a participant's efforts to minimize the risk of contamination of fresh fruits, vegetables, nuts and miscellaneous commodities by microbial pathogens based on the U.S. Food and Drug Administration's *"Guide to Minimize Microbial Food Safety Hazards for Fresh Fruits and Vegetables,"* and generally recognized good agricultural practices.

Firm Name: _____

Contact Person: _____

Audit Site(s): _____

Main Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone No: _____ **Fax:** _____

E-mail: _____

Auditor (s): (list all auditors with the lead listed first) _____

USDA or Fed-State Office performing audit:

Arrival Date: _____ **Time:** _____

Departure Date: _____ **Time:** _____

Travel Time _____ **Code** _____

Person(s) Interviewed (use back of sheet if necessary to list all persons interviewed) _____

Did the auditee participate in GAP & GHP training?

Yes No

Is there a map that accurately represents the farm operations?

Yes No N/A

Legal Description/GPS/Lat.-Long. of Location: _____

Are all crop production areas located on this audit site?

Yes No N/A

Total acres farmed (Owned, leased/rented, contracted, consigned): _____

Does the company have more than one packing facility?

Yes No N/A

Is there a floor plan of the packing house facility(s) indicating flow of product, storage areas, cull areas, employee break rooms, restrooms, offices?

Yes No N/A

Is any product commingled prior to packing?

Yes No

Audit Scope: (Please check all scopes audited)

General Questions (All audits must begin with and pass this portion)

Part 1 – Farm Review.....

Part 2 - Field Harvest and Field Packing Activities.....

Part 3 - House Packing Facility.....

Part 4 – Storage and Transportation.....

Part 5 – (Not Used)

Part 6 – Wholesale Distribution Center/Terminal Warehouse.....

Part 7 – Preventive Food Defense Procedures.....

Products: _____

Auditors' Signature(s): _____

Conditions Under Which an Automatic "Unsatisfactory" Will be Assessed

- An immediate food safety risk is present when produce is grown, processed, packed or held under conditions that promote or cause the produce to become contaminated.
- The presence or evidence of rodents, an excessive amount of insects or other pests in the produce during packing, processing or storage.
- Observation of employee practices (personal or hygienic) that have jeopardized or may jeopardize the safety of the produce.
- Falsification of records.
- Answering of Questions P1 or P2 as “NO”.

Auditor Completion Instructions

- For clarification and guidance in answering these questions, please refer to the Good Agricultural Practices & Good Handling Practices Audit Verification Program Policy and Instruction Guide.
- Place the point value for each question in the proper column (Yes, No, or N/A).
- Gray boxes in the “N/A” column indicate that question cannot be answered “N/A”.
- Any “N/A” or “No” designation must be explained in the comments section.
- The "Doc: column-
 - A "D" indicates that a document(s) is required to show conformance to the question. A document may be a combination of standard operating procedures outlining company policy as well as a record indicating that a particular action was taken.
 - A "R" indicates that a record is required to be kept showing an action was taken.
 - A "P" indicates that a policy/standard operating procedure (SOP) must be documented in the food safety plan in order to show conformance to the question.