



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 Began:		Date Audit Completed:	Date Audit Requested:
Time Audit Began:		Time Audit Completed:	Date of Previous Audit:
USDA Commodity Procurement Audit?			
Circle one			Yes No

EVALUATION ELEMENTS

Scopes Req.	Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score	Facility Score	Pass/Fail	Date Passed	General Questions	Reviewing Official	Un-announced	
	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 & Transportation	250										
	Part 6 Wholesale Distribution Center/ Terminal Warehouse	410										
	Part 7- Preventative Food Defense Procedures	180										

** A Passing Score of 80% of the Possible Points or the Adjusted Points, if adjustments 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 website when all scope audited receive a passing score

For USDA HQ use:

Reviewing Official Name (Print): _____ Signature: _____

Date Received: _____ Date Certificate Mailed: _____ Date Posted to Website: _____

Revised November 9, 2009
USDA AMS FVP FPB
For Official Government Use Only

To verify a company's continued good standing in the USDA GAP&GHP Program, please visit <http://www.ams.usda.gov/gapghp>