

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE**  
**Bureau of Food Safety and Laboratory Services**  
**Eggs Fruits and Vegetables Division**  
**2301 North Cameron Street Room 112**  
**Harrisburg, PA 17110-9408**

<b>Contact: Brenda Sheaffer</b> Phone: 717-369-5740 Fax: 717-369-5783 Email: bsheaffer@pa.gov
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**Good Agricultural and Good Handling Practices**

<b>Company Name</b>	
<b>Mailing Address</b>	
<b>Physical Address</b>	
<b>Telephone No</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Web Site</b>	
<b>Contact Person</b>	

Information that will help your company in preparing for this audit can be reviewed on the internet at [www.ams.usda.gov/gapghp](http://www.ams.usda.gov/gapghp)

*Please check what parts of the audit you would like audited*

	<b>Mushroom GAP (MGAP)</b>	
<b>Regular GAP/GHP</b>	<b>Part 1 – Farm Review</b>	
	<b>Part 2 – Field Harvest and Field Packaging Activities</b>	
	<b>Part 3 – House Packing Facility</b>	
	<b>Part 4 – Storage and Transportation</b>	
	<b>Part 6 – Wholesale Distribution Center/Terminal Warehouses</b>	
	<b>Part 7 – Preventative Food Defense Procedures</b>	
<b>Harmonized</b>	<b>Field Operations and Harvesting</b>	
	<b>Post Harvest Operations</b>	

Commodities being reviewed: \_\_\_\_\_  
 Total acres farmed (Owned, leased/rented, contracted, consigned): \_\_\_\_\_  
 Number of farms to be reviewed: \_\_\_\_\_  
 Travel distance to reach each farm: \_\_\_\_\_

**THE COMMODITY HAS TO BE IN HARVEST BEFORE WE CAN PERFORM THE AUDIT**

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.**

**Once we receive this request we will contact you to schedule a time and date.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY  
 CUSTOMER ID# \_\_\_\_\_