

**PA WORK ORDER REQUEST FORM  
GRADING SERVICES & GAP/GHP AUDITS**

<b>Company Name</b>		
<b>Contact Name</b>		
<b>Mailing Address</b>		
<b>Physical Address</b>		
<b>Telephone #</b>		
<b>Fax #</b>		
<b>E-mail</b>		
<b>Website</b>		
<b>Request date(s) for services</b> <i>If this date(s) changes, notify PDA as soon as possible.</i>		
<b>Request time for services</b>		
<b>Rush Service</b> (less than 24 hours' notice)	YES	NO

**GRADING SERVICE REQUEST**

<b>Commodities being inspected</b>	
<b>Market</b>	
<b>Shipping Point</b>	
<b>Processing</b>	
<i>*If requesting a Market Inspection, also submit the USDA Specialty Crops Inspection Request "Form SC237"</i>	

**GAP/GHP AUDIT REQUEST**

<b>Commodities to be audited</b>		
<b>Total acres farmed</b> (owned, leased/rented, contracted, consigned)		
<b># of farms to be reviewed</b>		
<b>Travel distance to reach each farm</b>		
<i>Please check what parts of the operation you would like audited</i>		
	<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>	
<b>Harmonized Plus</b>	<b>Field Operations and Harvesting</b>	
	<b>Post-Harvest Operations</b>	
<i>*If requesting an audit, also submit the USDA Participation Agreement "Form SC651" and a USDA Request for Audit Services "Form SC237A"</i>		



**THE COMMODITY MUST BE IN HARVEST BEFORE WE CAN PERFORM THE AUDIT**

Information to help prepare for this audit can be reviewed at [www.ams.usda.gov/gapghp](http://www.ams.usda.gov/gapghp)

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

***I agree to be invoiced for the requested grading services with payment due 45 days from receipt of the invoice.***

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>..... OFFICIAL USE ONLY .....</b>		
<b>APPROVAL</b>		
Approval date _____	Applicant contacted date _____	Customer ID# _____
<b>DISAPPROVAL</b>		
Disapproval date _____	Applicant contacted date _____	
Reasons for denial: _____		
Reviewing inspector: _____		