



UNITED STATES DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE  
 FRUIT AND VEGETABLE PROGRAMS  
 FRESH PRODUCTS BRANCH

REQUEST FOR:  INSPECTION  REINSPECTION  APPEAL INSPECTION  AUDIT

(This is the only acceptable form for fax or electronic submission to USDA for inspection/audit requests)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**NOTE: Fill in all appropriate blocks; blocks with “\*” must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.**

*Applicant's (Company) Name:		
*Street Address:		
*City, State & Zip:		
*Contact Person:		
*Phone Number:		
*E-Mail Address:		
Enter when different from Applicant:	*Shipper's Name:	
	City and State:	
	Receiver's Name:	
	City and State:	
*Location of Product(s):		

*Date:	
*Time:	

Type of Carrier:	
Type:	Car Number or License Number:
<input type="checkbox"/> Car:	
<input type="checkbox"/> Trailer:	
<input type="checkbox"/> Lot Inspection	

<b>Applicant's P.O. Number:</b>

Lots Separated by (Optional):		*Inspection Requested For (Must select at least one):	
<input type="checkbox"/> PLI Numbers		<input type="checkbox"/> Quality and Condition (including size when applicable)	
<input type="checkbox"/> Grower Numbers		<input type="checkbox"/> Condition Only	
<input type="checkbox"/> Size		<input type="checkbox"/> Size	
<input type="checkbox"/> Other, Specify:		<input type="checkbox"/> Net Weight	
<b>Digital Images Requested:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other, Specify:	
		<input type="checkbox"/> Auditing Services (Please fill out page 2):	

Products To Be Inspected					
*PRODUCTS	BRANDS/MARKS	*QUANTITY	Type Container	*Size	Type/Variety

Remarks/Special Instructions;



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**REQUEST FOR GOOD AGRICULTURAL PRACTICES & GOOD HANDLING PRACTICES AUDIT**  
**(Only fill out this page if requesting an Audit)**

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* Company Name:	
*Street Address:	
*City, State & Zip:	
*Phone Number:	
*Contact Person:	
*Phone Number(s) of Contact Person:	
*E-Mail Address:	
Website (if applicable):	

- \*Please Choose One:  USDA GAP & GHP Audit  
 USDA GAP & GHP Audit for Processed Products Branch QTV Program  
 Client Requested GAP & GHP Audit

Note: When choosing the USDA audits, the USDA checklist will be used. When choosing the Client requested audit, USDA will audit using a checklist supplied by the client.

The GAP & GHP Checklist and scoresheet is available on the USDA website: <http://www.ams.usda.gov/fv/fpbgapghp.htm>

\* Check which sections of the GAP & GHP audit the farm/facility will be audited to and commodities covered:

Part 1 Farm Review		List Commodities being Reviewed
Part 2 Field Harvest & Field Packing Activities		
Part 3 House Packing Facility		
Part 4 Storage and Transportation		
Part 5 Traceback		
Part 6 Wholesale Distribution Facility/Terminal Warehouse		
Part 6a Traceback		
Part 7 Food Defense		

Does the company have more than one facility that will be audited? (circle one) Yes No

Has the company had a USDA GAP & GHP before? (circle one) Yes No

Total acres farmed: \_\_\_\_\_

Remarks/Special Instructions: