

CanadaGAP Audit for the Production, Packing, Repacking, Storage, Wholesaling and Brokerage of Fruits and Vegetables and Greenhouse Product

On-site Audit:

Date: _____
Start Time: _____
End Time: _____

Remote Audit Component (if applicable) Duration:

_____ **Follow-up from the On-site/Remote Audit (if necessary) Duration:**

Completion Date : _____

ALL audit activities above (on-site audit + remote audit component + any required follow-up)

Total Audit Duration: _____

Rationale for not meeting minimum audit duration:

Unannounced Audit **Random Audit**

Legal Operating Name (for use on certificate): _____

Name of Person(s) Responsible for the Operation: _____

Audit completed by: _____

CERTIFICATION BODY INFORMATION (For CB use only)

Certification Body: _____

Certification Option:

A1
 A2

B
 C
 D

E
 F

Multi-site operation: *Management System Audit Checklist for Multi-site Operations attached*

Certification body conducting previous audit: _____

Two new certification options added for April 1, 2022.

Date of previous audit: _____

Declaration from auditor of the number of times they have consecutively audited this operation:

Number of consecutive audits to date at this operation (this number does **NOT** include the current audit): _____

Name of Auditor: _____

Previous CanadaGAP Certificate(s)

(include certification option(s) and applicable crops and activities): _____

Date of issue: _____ **Expiry Date:** _____

Other commodities or activities that will be included in this certificate that were not observed during the current audit are: _____

Report reviewed by: _____ **Date:** _____

QUESTION P2

Operation Information

Legal Operating Name: _____

Name of Person(s) Responsible for the Operation: _____

Name of audited location (for multi-site certification): _____

Food Safety Program Contact(s) (if different from above): _____

All applicable addresses:

Changed to ensure information about operations that have multiple addresses is captured.

EAN.UCC Global Location Number (GLN) [if available] : _____

Phone No.: _____ **Fax No.:** _____

Email: _____

Check type of operation:

Production
 U-Pick
 Storage

Packing:

Production Site
 Packinghouse
 Repacking

Brokerage
 Wholesale
 Other (e.g., icing facility)

Which commodities and activities (e.g., harvesting of peaches, packing/repacking of tomatoes, packing of greenhouse tomatoes, etc.) were observed during the audit?

What sites are applicable to this audit (e.g. production sites, storages, packing/repacking lines)?

Do you know of any reason why you should not conduct this audit due to a conflict of interest with the operation being audited (e.g. direct ownership, family relationships, financial interest)?

Yes

No

CANADAGAP[®]

CanadaGAP Audit Checklist[©]

Instructions to the Auditor:

The CanadaGAP audit checklist is intended for the production, packing/repacking, storage, wholesaling and brokerage of fresh fruit and vegetables and greenhouse product. The audit checklist is based on the CanadaGAP manuals. The sections, forms and appendices mentioned throughout the audit checklist refer to these documents. Note that CanadaGAP provides these materials as "templates"; alternate/customized/individualized record-keeping forms, etc. are acceptable as long as all the required information is captured.

- For each question below, mark the appropriate response by typing an 'X' in the check box beside Y (yes), N (no), N/A (not applicable), or INC (incomplete). Where there are check boxes within questions, mark in the box if the required element is present - write N/A if it is not applicable. Part marks may only be given for a question if there is an INC option.
- Enter detailed comments and observations in the column for (*Auditor's Key*) Comments/Observations. Extra room is provided at the end of each section. If INC is chosen, a comment must be written in the column under (*Auditor's Key*) Comments/Observations.
- Additional guidance for the auditor is included under (*Auditor's Key*) Comments/Observations and is *italicized* and shaded in gray.
- The Comments/Observations box allows for text to be written continuously. To create a list or separate lines, click "*alt*" + "*enter*" and a new line will be started within the box.
- To run the spell check function, click on the 'spell check' button on the bottom of the scoring page.
- The Executive Summary can be found in a separate worksheet (tab) located at the bottom of this document.
- If any of the automatic fail items are observed (highlighted in yellow in the checklist), score the audit as an automatic failure. Describe the reason for the failure in the Executive Summary (tab below). You may continue the audit if the auditee wishes you to do so; otherwise, end the audit.
- The checkboxes in the Comments/Observations (right) column are designed to help auditors document observations. These boxes DO NOT correspond directly to the score and, other than where specific guidance on scoring is provided (*Auditor's Key*), these boxes should not be used for determining the number of points given. When documenting observations in these checkboxes, you should not write 'NO' but instead should choose either 'X'/'YES', 'N/A', or 'INC'. If an operation does not meet that specific checkbox requirement an 'INC' should be used in this case.
- When a record is required, it is indicated in the middle column of the checklist, otherwise the question is scored based on auditor observation and interviews.
- For questions that have record requirements, answering Y (yes) means the records are fully complete and accurate.
- When scoring questions with multiple components or sub questions (in the left column), assign points to each sub question based on the total (e.g., if the question is out of 6 and there are 6 checkboxes or sub questions, then assign 1 point to each; if it is out of 6 and there are three sub questions then assign 2 points to each).
- Fill in the score for each question in the far right column; the scores will be totaled automatically at the bottom of each section.
- Enter the score directly into the cell, do not copy and paste values from other sources into the score cell.
- For questions that are marked as 'N/A,' the score must be left blank. DO NOT enter '0' for the score.

Scoring

Instructions: Score each question in the audit. If the entire question is N/A, that question gets no score and is not included in the total score for the section. For each section, the auditor tallies the maximum attainable score (for all applicable questions) and fills in the right hand column below. **The auditor then totals the auditee's actual score for each question and fills in the middle column.** For example, for Section B, Commodity Starter Products, if the auditee only grows small fruit and fully meets the requirements, the auditor would score 2 out of a total of 2 for the section (not a total of 4 because the second question becomes N/A). Each subtotal is then multiplied by the applicable factor (see next page, column 3).

Section	Auditee's Actual Score	Maximum Attainable Score
A. Food Safety Program Maintenance and Review (Questions 1-3)	0.0	8
A. Food Safety Program Maintenance and Review (Questions 4-5)	0.0	8
B. Commodity Starter Products	0.0	4
C. Premises	0.0	38
D. Equipment	0.0	43
Subtotal 1	0.0	101
E. Agronomic Inputs (Questions 1-12)	0.0	74
Subtotal 2a	0.0	74
E. Agronomic Inputs (Questions 13-14)	0.0	8
Subtotal 2b	0.0	8
F. Agricultural Water	0.0	32
Subtotal 3	0.0	32
G. Cleaning and Maintenance Materials	0.0	6
H. Waste Management	0.0	12
I. Personal Hygiene Facilities	0.0	36
J. Employee Training	0.0	24
K. Visitor Policy	0.0	6
Subtotal 4	0.0	84
L. Water (for Fluming and Cleaning) and Ice	0.0	70
Subtotal 5	0.0	70
M. Pest Program for Buildings	0.0	24
N. Packaging Materials	0.0	30
O. Growing and Harvesting	0.0	26
P. Sorting, Grading, Packing, Repacking, Storing and Brokerage	0.0	43
Subtotal 6	0.0	123
Q. Storage of Product	0.0	8
R. Transportation	0.0	10
S. Identification and Traceability	0.0	10
T. Deviations and Crisis Management	0.0	22
U. Site-specific HACCP Plan	0.0	22
Subtotal 7	0.0	72

For each subtotal in the above table, calculate the auditee's score as a percentage and fill the percentage in in column 2 below (e.g., auditee's actual score divided by the maximum attainable score x 100). Multiply the percentage by the factor in column 3 to get a final score for each subtotal. Add up all the subtotal final scores to get the Auditee's final score out of 100.

Subtotals	Percentage	Conversion Factor	Final Score
Subtotal 1	0.00	Multiply column 1 by 0.15	0.00
Subtotal 2a	0.00	Multiply column 1 by 0.10	0.00
Subtotal 2b	0.00	Multiply column 1 by 0.05	0.00
Subtotal 3	0.00	Multiply column 1 by 0.05	0.00
Subtotal 4	0.00	Multiply column 1 by 0.20	0.00
Subtotal 5	0.00	Multiply column 1 by 0.15	0.00
Subtotal 6	0.00	Multiply column 1 by 0.2	Brokerage is now covered under the Option F scope.
Subtotal 7	0.00	Multiply column 1 by 0.1	
Final Score (out of 100)			

Auditee's Final Score: 0.00 %

Autofail? (see next page for details)

Note: A passing score of 85% is required for certification under Option A1 and A2 ~~and D (Brokerage)~~.

A passing score of 95% is required for certification under Option E and F.

A passing score of 100% is required for certification under Option B, C and D ~~(Repacking and Wholesale)~~.

Audit Report completed by: _____

Date: _____

Key Person(s) Present at Audit and description of role (e.g., auditee, consultant, witness auditor, etc.):

New CanadaGAP certification options in effect April 1, 2022 have a different passing score.

CanadaGAP Audit Checklist

IMPORTANT NOTE

It is understood that all prevailing legislation (e.g., regulations at the federal, provincial, territorial, state, regional, local, municipal, etc. level) will be followed.

Automatic Failure Items: Check (✓) any that apply, and score audit as an auto fail.	Auditor Observation(s)
1. An immediate food safety risk is present (e.g., livestock/poultry slaughter activities) when product is produced, handled, packed, repacked, stored or held under conditions that promote or cause the product to become contaminated. <input type="checkbox"/>	
2. Animal/bird/human feces and/or presence/evidence of rodents is observed on food contact surfaces in use, and/or in/on product , during handling, packing/repacking, and/or storage of market product <input type="checkbox"/>	
3. An agricultural chemical was applied, and there is NO record of this application; OR agricultural chemicals not registered for use on the applicable product in the country where it is grown are applied (see Section E, questions 8 and 11) <input type="checkbox"/>	
4. Manure is applied less than 120 days before harvest of product occurs OR complete and accurate records are not kept of manure application date and harvest intervals (see Section E, question 5) <input type="checkbox"/>	
5. Sewage sludge is applied to fields for the current crop or untreated sewage water is used for cleaning, fluming or as agricultural water, and/or toilet waste contaminates the product (see Sections E, F, H and L) <input type="checkbox"/>	
6. Water (for Fluming and Cleaning) and Ice (Section L) Question L3A) - No water tests (showing potability) are available - Question L12) - No ice tests (showing potability) are available and/or letters of assurance A score of 0 on any of the following questions - ONLY if the water/ice is used on product or has a food safety impact on product. If water is used for cleaning equipment/buildings/containers the autofail does not apply: - questions L5) & L6) - combined - question L7) - question L9) - question L11) - question L8) - question L10) <input type="checkbox"/>	
7. Absence of Personal Hygiene Facilities. The auditee must have <u>both</u> : a) washrooms, AND b) properly stocked handwashing facilities (except for processing potatoes). Refer to the manual(s) for what is required for washrooms and properly stocked handwashing facilities. (see questions I1 and I3) <input type="checkbox"/>	
8. Employees NOT using or inappropriately using the personal hygiene facilities (see question J4) <input type="checkbox"/>	
9. For cucumbers and peppers sent for pickling and repacking, wholesaling and brokerage of fiddleheads ONLY: Operations are NOT sourcing product from suppliers who have a credible food safety program (a score of 0 on question P1) <input type="checkbox"/>	Added to align with correction made to Version 9.0 of the Food Safety Manual.

A. Food Safety Program Maintenance and Review (refer to Section 24 in CanadaGAP manual)		Records	(Auditor's Key) Comments/Observations	Score
A1) A CanadaGAP Manual is being used?	Y <input type="checkbox"/> N <input type="checkbox"/>	CanadaGAP OR Other Food Safety Manual(s)	Which CanadaGAP manual(s) or other manual(s) are being implemented? <div style="border: 1px solid red; padding: 2px; color: red;"> CanadaGAP - Fresh Fruits and Vegetables CanadaGAP - Greenhouse Product Other food safety manual (specify below): </div>	4
Have the manual(s) been updated to the most recent version? (2 points)	Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/>		What Checkboxes added for clarity and to ensure information was linked to Executive Summary.	
Have the manual(s) been completed? (2 points)	Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/>		manual(s)?	
A2) Was an annual review of the program completed?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		This will be scored as N/A for those in their first year of certification.	2
A3) An internal audit was conducted (i.e., performing a pre-audit using the self-assessment checklist, the audit checklist or by using an outside party), findings were reviewed and any necessary changes to policies and procedures were made?	Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/>	Self-assessment checklist/ Audit checklist/ Third party pre-audit report		2
NOTE: Questions A4 and A5 are found at the end of the audit checklist (after Section U) as the auditor is scoring these questions AFTER they have assessed the entire operation.				
Auditee's Actual Score for Section (Food Safety Program Maintenance and Review: Questions 1-3):			0.0	8
Maximum Attainable Score for Section:				
B. Commodity Starter Products (refer to Section 1 in CanadaGAP Manual)		Records	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:				
POTATOES, TREE & VINE FRUIT, SMALL FRUIT, COMBINED VEGETABLES				
B1) Commodity starter product varieties that are genetically modified [e.g., Plants with Novel Traits (PNTs)] have been approved for use by the prevailing authority (e.g., federal government) or have been issued a letter of no-objection (e.g., from Health Canada)?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Letter of No-Objection	In Canada, refer to the CFIA website http://inspection.gc.ca/active/netapp/plantnoveltraitpnt-vegecarnouvcn/pntvcne.aspx	2

POTATOES				
B2) Varieties are registered in Canada OR have been tested for total glycoalkaloids?		Y <input type="checkbox"/> N/A <input type="checkbox"/>	N <input type="checkbox"/>	Letter of assurance/ invoice
				Letter of assurance or invoice from breeder/agent showing TGA below 20mg/100g may be obtainable for non-registered varieties
				2
Auditee's Actual Score for Section (Commodity Starter Products):				0.0
Maximum Attainable Score for Section:				4
C. Premises (refer to Section 2 in CanadaGAP Manual) Includes Production Sites and Buildings		Records	(Auditor's Key) Comments/Observations	Score
Production Sites (includes greenhouse production sites)				
If there are no production sites, check box and proceed to question C3) <input type="checkbox"/>				
C1) New production sites have been assessed for the presence of heavy metals and other contaminants?		Y <input type="checkbox"/> N/A <input type="checkbox"/>	N <input type="checkbox"/> INC <input type="checkbox"/>	For new production sites, consider uses for the past 5 years. Review manual and ask questions as required.
				2
C2) Production sites:				
Have been assessed for potential hazards from adjacent areas and animal/bird activity? (4 points)		Y <input type="checkbox"/> INC <input type="checkbox"/>	N <input type="checkbox"/>	Consider agricultural chemical/excrement drift and industrial activities, wildlife; Review manual, and record visual observations (e.g., evidence of serious animal intrusion into production site) If sewage sludge has been applied in previous years to the production site in use, remove 4 marks (all or nothing). ALL production sites must be assessed regardless of whether it's first time use or not and recorded.
Are used where sewage sludge has NOT been applied? (4 points)		Y <input type="checkbox"/>	N <input type="checkbox"/>	
Annual production site assessment has been completed and recorded? (4 points)		Y <input type="checkbox"/> INC <input type="checkbox"/>	N <input type="checkbox"/>	
			V	12

Buildings [where product is handled and/or stored, where packaging materials, agricultural chemicals, fertilizers, etc., are stored] (includes greenhouse production sites)			
<p>C3) A sketch of the interior of all buildings includes:</p> <p><input type="checkbox"/> No sketch N/A (no buildings) <input type="checkbox"/></p> <p>OR</p> <p><input type="checkbox"/> Packing/Repacking line(s)</p> <p><input type="checkbox"/> Pest Control Devices and Pest Control Product Storage</p> <p><input type="checkbox"/> Harvested and Market Product</p> <p><input type="checkbox"/> Hand washing Facilities</p> <p><input type="checkbox"/> Washrooms</p> <p><input type="checkbox"/> Market ready packaging materials</p> <p><input type="checkbox"/> Agricultural Chemical Storage</p> <p><input type="checkbox"/> Container/Tank/Cistern Storage (i.e., heating oil/fuel, water)</p>	A	<p>Type of building:</p> <p><input type="checkbox"/> Packinghouse <input type="checkbox"/> Product Storage</p> <p><input type="checkbox"/> Repacking Facility <input type="checkbox"/> Wholesale Facility</p> <p><input type="checkbox"/> Greenhouse <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Production Site</p>	4
<p>C4) Exterior of buildings are assessed to ensure there are no potential hazards and maintained to prevent contamination of product?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>		<p>Record observations:</p> <p><input type="checkbox"/> Poor drainage <input type="checkbox"/> Crevices/holes allow pest access</p> <p><input type="checkbox"/> Doors/window/screens do not fit properly <input type="checkbox"/> Other, describe:</p> <p><input type="checkbox"/> Long grass/ junk/garbage around buildings</p> <p><input type="checkbox"/> Contamination from location (e.g., drifting, airborne pollutants, cross-contamination, livestock/poultry/fish facilities, etc.)</p> <p><input type="checkbox"/> New construction or renovations/modifications do not meet applicable building codes</p>	4
<p>C5) Interior of buildings are assessed to ensure there are no potential hazards and maintained to prevent contamination of product?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>		<p>Record observations:</p> <p><input type="checkbox"/> Poor drainage <input type="checkbox"/> Leaking pipes/condensation</p> <p><input type="checkbox"/> Garbage/spills/ debris <input type="checkbox"/> Open catwalks above product</p> <p><input type="checkbox"/> Crevices/holes in building (floors/walls etc.)</p> <p><input type="checkbox"/> Lighting not shatterproof/covered above product/packaging (include lights on equipment such as packing line)</p> <p><input type="checkbox"/> Lighting inadequate for sorting/grading and/or for maintaining cleanliness within buildings (e.g., to see into corners)</p> <p><input type="checkbox"/> Contamination from location (e.g., air, foot, hand, equipment cross-contamination, livestock/poultry/fish facilities, etc.)</p> <p><input type="checkbox"/> Inadequate ventilation/contaminated air is not removed</p> <p><input type="checkbox"/> Other, describe:</p>	8

C6) Monthly inspection of all buildings recorded when in use? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	G		2
C7) Pre-season product storage inspection is complete and recorded? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	B	Ensure all items on Form B have been completed for EACH storage	6
Auditee's Actual Score for Section (Premises):			0.0
Maximum Attainable Score for Section:			38
D. Equipment (refer to Section 8 in CanadaGAP Manual)	Records	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
Production Site Equipment (NOTE: Questions D3, D5 and D6 also pertain to building equipment)			
D1) Production site equipment: N/A <input type="checkbox"/> (No production site equipment) <input type="checkbox"/> is inspected before use (2 points) <input type="checkbox"/> is cleaned when in use (2 points) <input type="checkbox"/> condition does not contribute to contamination of product (4 points)		Production site equipment is free of excessive rust, leaks, broken, corroded or damaged parts, etc. and is clean. Refer to commodity-specific requirements for cleaning frequency.	8
D2) Records are kept of production site equipment cleaning, inspection and maintenance, when in use and at appropriate frequency? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	I SSOP	Appropriate frequency for inspection/cleaning/maintenance/recording: Refer to commodity-specific requirements	2
D3) Agricultural chemical application equipment (in both the production site and building) is calibrated according to written instructions and records are kept? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	I Instructions Detailed Results	Calibration instructions & records available for applications in both the production site and buildings (e.g., sprout inhibitor). Equipment may include applicators, scales, etc. Check that measuring equipment exists if necessary	6

<p>D4) Agricultural chemical application equipment:</p> <p>N/A <input type="checkbox"/></p> <p><input type="checkbox"/> is cleaned, used for mixing, rinsed or flushed where production sites and/or water sources may not become contaminated?</p> <p><input type="checkbox"/> A device or method is used to prevent backflow from application equipment into water sources or production site</p>		<p><i>Backflow prevention could be a one-way valve or leaving a gap between the filling hose and the tank. The device/method must not present a risk of contamination.</i></p>	<p>2</p>
<p>D5) Hand-held cutting and trimming tools (and the tool's case/sheath/cover) (in both the production site and buildings) that are in direct contact with product are :</p> <p>N/A <input type="checkbox"/> (hand held cutting/trimming tools are not used)</p> <p><input type="checkbox"/> Non-retractable</p> <p><input type="checkbox"/> Properly cleaned daily before use</p> <p><input type="checkbox"/> Cleaning is recorded daily</p>	<p>I SOP SSOP</p>	<p><i>Greenhouse manual - retractable knives an SOP must be in place to control physical hazard Processing potato operations do NOT have to use potable water</i></p>	<p>6</p>
<p>D6) Hoses for potable water uses (in both the production site and buildings) are/have:</p> <p>N/A <input type="checkbox"/> (no hoses)</p> <p><input type="checkbox"/> ends are kept up off the ground</p> <p><input type="checkbox"/> stored in a way that prevents contamination</p> <p><input type="checkbox"/> flushed out before EACH use</p>			<p>3</p>
<p>Building Equipment</p>			
<p>D7) Building equipment is:</p> <p>N/A <input type="checkbox"/> (No building equipment)</p> <p><input type="checkbox"/> inspected before use</p> <p><input type="checkbox"/> cleaned weekly (minimum) when in use</p> <p><input type="checkbox"/> easily accessed for cleaning</p> <p><input type="checkbox"/> condition does not contribute to contamination of product</p>		<p><i>Building equipment does not contribute to contamination of product (e.g., clean, free of excessive rust, chipping paint, leaks, broken, corroded or damaged parts)?</i></p>	<p>8</p>
<p>D8) Records are kept of building equipment cleaning, inspection and maintenance weekly when in use?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>I SSOP</p>		<p>2</p>
<p>D9) Calibration records are available for building equipment such as pH/ORP meter, thermometer, etc.?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>I</p>	<p><i>This does not include any equipment for agricultural chemical applications - see question D3)</i></p>	<p>4</p>

Additional guidance added to ensure it was clear processing potato operations do not need potable water.

Production Site Equipment and Building Equipment			
E. Agronomic Inputs (refer to Sections 3,4,5 and 6 in CanadaGAP Manual)	Records	(Auditor's Key) Comments/Observations	Score
D10) All equipment (when not in use) is stored separate from product, water sources, market ready packaging materials, etc.?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>	Is equipment stored to prevent leakage of fuel, oil, gases, etc., on to product/packaging materials?	2
Auditee's Actual Score for Section (Equipment):			0.0
Maximum Attainable Score for Section:			43
If entire section is not applicable to the operation check box and go to next section:			
WHOLESALING OPERATIONS (choose N/A and go to E13)		N/A	
E1) Sewage sludge is used?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>	Added to make it clear that wholesaling operations do not need to complete E1-E12. They click 'N/A' and the total scores will go to zero.	If YES, auto fail
E2) A letter of assurance or written procedures are available for compost/compost tea?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/>	Letter of Assurance/Procedures	2
E3) Pulp sludge meets prevailing legislation (e.g., provincial regulations)? (2 points)	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>	Records as required by legislation	4
Soil amendments meet prevailing legislation (e.g., provincial regulations)? (2 points)	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>		
E4) Complete and accurate records are kept of agronomic input applications (fertilizers, soil amendments, pulp sludge, mulch/row covers, compost/compost tea, other by-products)? See question E5 for manure and question E11 for agricultural chemical records	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/>	H2	10
E5) Manure is applied at least 120 days before harvest?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>	H2 P/P1/P2 Q	Operations will autofail if manure is applied less than 120 days before harvest OR records are not kept. The 120 days needs to have elapsed before harvest and this needs to be recorded somehow. The scoring for this question is all or nothing. Look at Form H2 to see when manure was applied and cross check this with Forms P/P1/P2/Q to ensure that the 120 day interval had elapsed before harvest began. A checkmark (or some sort of identifier) must be recorded to show this was done. The scoring for this question is all or nothing.
Product is not harvested until the 120 days has elapsed?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>		
Complete and accurate records are kept of manure application date and harvest intervals?	Y <input type="checkbox"/> N/A <input type="checkbox"/> N <input type="checkbox"/>		
			10

<p>E6) Manure is stored separately to prevent contamination?</p> <p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>		<p>Manure is stored separate from water sources, production sites, buildings, equipment, product, etc.</p>	<p>8</p>
<p>E7) Agronomic inputs (other than agricultural chemicals - see question E12 and manure - see question E5) are stored separate from product, market ready packaging materials or other contaminants?</p> <p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>		<p>New plastic mulch/row covers can be stored with packaging materials.</p>	<p>2</p>
<p>E8) Agricultural chemicals are purchased from licensed dealers and registered for use on the applicable product in the country where it is grown or permitted in Canada under the Grower Requested Own Use Program or the Own Use Import Program, or permitted under comparable programs in other countries where product is grown? Receipts are signed and kept?</p> <p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>N <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>Receipt/ GROU or OUI certificate</p>	<p>The autofail pertains ONLY to using agricultural chemicals that are NOT registered for use on the applicable product. Points will be deducted for purchasing from unlicensed dealers or not keeping signed receipts.</p>	<p>8</p>
<p>E9) Agricultural chemical applicator(s) follows prevailing legislation (e.g., provincial regulations) AND has completed formal training (e.g., online course)?</p> <p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>	<p>License/ Certificate/ Formal Training Documents</p>	<p>Need to see proof (e.g., certificate, course outline, license, record of attendance, training materials, etc.) of training/licensing/certification of person doing the application.</p> <p>The scoring for this question is all or nothing - either the applicator(s) is/are formally trained/certified/licensed or they are not.</p>	<p>10</p>
<p>E10) Agricultural chemicals are mixed and applied according to label directions?</p> <p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>		<p>Label directions are available?</p>	<p>4</p>

<p>E11) Records are kept of agricultural chemical applications?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>H1 H3 P1</p>	<p>Records may include applications in the production site, post-harvest (e.g., during packing, before/during/after storage, before holding, etc.) and to seed potatoes. It is an autofail if the operation does not record each and every agricultural chemical application. For example if chemical #1 is applied 4 times and chemical #2 is applied 3 times during the season, all 7 applications MUST be recorded. If chemical #2, application #2 is missing and all of the other applications are recorded, it is an autofail.</p> <p>If some information is missing for the application(s), the operation will lose points. For example, if for all 7 applications the EAHD has not been recorded, points will be removed. Similarly, if for chemical #1, application #3 the PHI and date have not been recorded, points will be removed.</p> <p>Important Information (worth more points)</p> <p><input type="checkbox"/> PHI <input type="checkbox"/> Application Date <input type="checkbox"/> Area treated <input type="checkbox"/> Rate Applied and Label Followed <input type="checkbox"/> Product/Trade name <input type="checkbox"/> Signature/Name of Applicator <input type="checkbox"/> Actual Quantity Used</p> <p>Less Important Information (worth fewer points)</p> <p><input type="checkbox"/> Earliest Allowable Harvest date (EAHD) <input type="checkbox"/> Application method <input type="checkbox"/> PCP #</p>	<p>10</p>	
<p>E12) Agricultural chemicals are stored in an area that is:</p> <p>N/A <input type="checkbox"/> (Producer does not store agricultural chemicals)</p> <p><input type="checkbox"/> clearly identified and dedicated only to agricultural chemicals, commercial fertilizers and pest control products with a PCP#.</p> <p><input type="checkbox"/> locked</p> <p><input type="checkbox"/> maintains integrity of containers</p> <p><input type="checkbox"/> does not pose a risk of contamination</p> <p><input type="checkbox"/> labels intact/legible</p> <p><input type="checkbox"/> covered, dry and clean</p>	<p>Section broken out to make it clear that Questions E13 and E14 are only for operations exporting product.</p>	<p>Risk of contamination: e.g., large chemical storage tanks that do not fit in a building should not be leaking etc.</p>	<p>6</p>	
<p>FOR EXPORTING PRODUCT: (Complete E13-E14) not exporting product)</p>				
<p>FOR EXPORTS ONLY: (Complete Q. 13-14)</p>		<p>Supporting documents</p>	<p>Communication needs to occur between the person responsible for selling the product (e.g., packer, wholesaler, broker) and the applicator of the agricultural chemical. There must also be evidence of this communication (e.g., email, text, etc.). Both the applicator of the agricultural chemicals and/or the exporter of the product would be responsible.</p>	<p>6</p>
<p>E13) Only chemicals approved for use in destination markets are used and supporting information is available about acceptable chemicals in destination markets (e.g., registration for the specific crop, product labels, Maximum Residue Limits, banned lists, etc.)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>				

<p>E14) Where customers require agricultural chemical residue testing:</p> <p>N/A <input type="checkbox"/></p> <p><input type="checkbox"/> Agricultural chemical residues on product do not exceed the published Maximum Residue Limits (MRL) in the destination market(s)?</p> <p><input type="checkbox"/> Residue test results are available from an accredited lab that uses appropriate sampling and testing methods to perform analyses in accordance with the applicable requirements of ISO/IEC 17025, or evidence is available demonstrating participation in a third party agricultural chemical residue monitoring system traceable to the farm?</p> <p><input type="checkbox"/> INC</p>	<p>Test Results and/or Supporting Documents</p>		<p>2</p>
<p style="text-align: right;">Auditee's Actual Score for Section (Agronomic Inputs):</p> <p style="text-align: right;">Maximum Attainable Score for Section:</p>			<p style="text-align: right;">0.0</p> <p style="text-align: right;">82</p>
<p style="text-align: center;">F. Agricultural Water (refer to Section 7 in CanadaGAP Manual)</p>	<p style="text-align: center;">Records</p>	<p style="text-align: center;">(Auditor's Key) Comments/Observations</p>	<p style="text-align: center;">Score</p>
<p>If entire section is not applicable to the operation check box and go to next section:</p>			
<p>F1) Untreated sewage water is used? Y <input type="checkbox"/> N <input type="checkbox"/></p>			<p style="text-align: center;">If YES, auto fail</p>
<p>F2) Water sources have been assessed? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (only municipal water that is not stored is used) INC <input type="checkbox"/></p>		<p><i>Each source is assessed for animal access, upstream contamination, runoff/spills, pipe contamination, wells in proper working condition, leaching, placement of irrigation water intake equipment, etc.?</i></p> <p>Describe source(s):</p>	<p>4</p>
<p>F3) If risk is identified, corrective actions and/or preventive measures have been taken? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>		<p><i>Corrective Actions and/or Preventive measures (e.g., testing, barriers/buffers, aeration, filtration, alternate source, etc.):</i></p>	<p>4</p>

F4) GREENHOUSE PRODUCT N/A <input type="checkbox"/> (no greenhouse product) N/A <input type="checkbox"/> (only municipal water that is not recirculated/stored is used) N/A <input type="checkbox"/> (other reason why water does not require testing - explain below)			2 annual water tests required for potability. Municipal water needs to be tested ONLY if the water is recycled/recirculated/stored. Samples should be taken from the source (tap, well, cistern/storage container/tank, etc.) .		An additional N/A was added for special cases where water does not need to be tested for potability.																																																									
<table border="1"> <thead> <tr> <th rowspan="2">Water tests are available showing microbiological quality is appropriate for intended use?</th> <th colspan="2">1st Water Test</th> <th colspan="2">2nd Water Test</th> </tr> <tr> <th>Prior to initial use</th> <th>NOT prior to</th> <th colspan="2">(taken anytime during the season)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">1) ALL PRODUCTS - use potable water for overhead sprays of agricultural chemicals and for misting <input type="checkbox"/> N/A</td> <td>Prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2">Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2"><input type="checkbox"/></td> </tr> <tr> <td>NOT prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td rowspan="2">2) ONLY FOR FLOATING/LIVING LETTUCE/HERBS - use potable water for filling/replenishing ponds <input type="checkbox"/> N/A</td> <td>Prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2">Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2"><input type="checkbox"/></td> </tr> <tr> <td>NOT prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td rowspan="2">3) ONLY FOR LEAFY GREENS AND HERBS - use potable water for irrigation/fertigation/chemigation <input type="checkbox"/> N/A</td> <td>Prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2">Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2"><input type="checkbox"/></td> </tr> <tr> <td>NOT prior to</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> </tbody> </table>			Water tests are available showing microbiological quality is appropriate for intended use?	1st Water Test		2nd Water Test		Prior to initial use	NOT prior to	(taken anytime during the season)		1) ALL PRODUCTS - use potable water for overhead sprays of agricultural chemicals and for misting <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	2) ONLY FOR FLOATING/LIVING LETTUCE/HERBS - use potable water for filling/replenishing ponds <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	3) ONLY FOR LEAFY GREENS AND HERBS - use potable water for irrigation/fertigation/chemigation <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	<table border="1"> <thead> <tr> <th colspan="4">SCORING</th> </tr> <tr> <th>Test 1: PRIOR to initial use</th> <th>Test 1: Not Prior to initial use</th> <th>Test 2: anytime during the season</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>0</td> </tr> <tr> <td>NO</td> <td>YES</td> <td>NO</td> <td>0</td> </tr> <tr> <td>YES</td> <td>N/A</td> <td>NO</td> <td>10</td> </tr> <tr> <td>NO</td> <td>YES</td> <td>YES</td> <td>10</td> </tr> <tr> <td>YES</td> <td>N/A</td> <td>YES</td> <td>20</td> </tr> </tbody> </table> <p>The 20 marks for this question are awarded for complete testing of ALL water uses. Therefore, if 2 out of 3 water uses have been tested appropriately, the question will be scored for the one that has not been.</p>		SCORING				Test 1: PRIOR to initial use	Test 1: Not Prior to initial use	Test 2: anytime during the season	Score	NO	NO	NO	0	NO	YES	NO	0	YES	N/A	NO	10	NO	YES	YES	10	YES	N/A	YES	20
Water tests are available showing microbiological quality is appropriate for intended use?	1st Water Test			2nd Water Test																																																										
	Prior to initial use	NOT prior to	(taken anytime during the season)																																																											
1) ALL PRODUCTS - use potable water for overhead sprays of agricultural chemicals and for misting <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>																																																										
	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>																																																												
2) ONLY FOR FLOATING/LIVING LETTUCE/HERBS - use potable water for filling/replenishing ponds <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>																																																										
	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>																																																												
3) ONLY FOR LEAFY GREENS AND HERBS - use potable water for irrigation/fertigation/chemigation <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>																																																										
	NOT prior to	Y <input type="checkbox"/> N <input type="checkbox"/>																																																												
SCORING																																																														
Test 1: PRIOR to initial use	Test 1: Not Prior to initial use	Test 2: anytime during the season	Score																																																											
NO	NO	NO	0																																																											
NO	YES	NO	0																																																											
YES	N/A	NO	10																																																											
NO	YES	YES	10																																																											
YES	N/A	YES	20																																																											
F5) If agricultural water is stored the cistern/tank/container has been cleaned prior to first use OR a water test is available? (2 points) Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			I Written Instructions Water test		The operation has the option to clean the storage cistern/tank/container OR take one water test prior to use of the water to ensure the cistern/tank/container is not contaminated. The scoring for this question is all or nothing.																																																									
The cleaning of the cistern/tank/container has been recorded? (2 points) Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>																																																														
Auditee's Actual Score for Section (Agricultural Water): 0.0																																																														
Maximum Attainable Score for Section: 32																																																														

G. Cleaning and Maintenance Materials (refer to Section 9 in CanadaGAP Manual)	Records	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
G1) Cleaning and maintenance materials are appropriate for intended use and used according to label instructions? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>		Do sanitizers, oils, fuels, water treatment chemicals, etc., pose a risk of contamination to product?	2
G2) Cleaning and maintenance materials are stored: N/A <input type="checkbox"/> materials are not stored <input type="checkbox"/> in a clean/dry location <input type="checkbox"/> with labels intact/legible <input type="checkbox"/> with the container(s) integrity maintained <input type="checkbox"/> separate from product, equipment, waste, agricultural chemicals and market ready packaging materials			4
Auditee's Actual Score for Section (Cleaning and Maintenance Materials):			0.0
Maximum Attainable Score for Section:			6
H. Waste Management (refer to Section 10 in CanadaGAP Manual)	Records	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
H1) Garbage, recyclables and compostable waste: <input type="checkbox"/> are in dedicated containers in appropriate areas <input type="checkbox"/> culls are stored away from market product (if applicable)			2
H2) Containers are covered (where pest intrusion is a problem), emptied and cleaned as necessary? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>			2
H3) Empty agricultural chemical containers are: N/A <input type="checkbox"/> <input type="checkbox"/> not reused <input type="checkbox"/> disposed of according to applicable regulations <input type="checkbox"/> stored separate from product, water sources and market ready packaging materials <input type="checkbox"/> stored in a designated/labelled area/container			4
H4) Waste from toilets is disposed of away from the production site(s), agronomic inputs, water sources, etc.? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		Waste from toilets must not contaminate anything that could possibly contaminate the product	If NO, auto fail

<p>I2) Production site handwashing facilities have:</p> <p>N/A <input type="checkbox"/> (no production site)</p> <p>N/A <input type="checkbox"/> (hand washing facility NOT required)</p> <p><input type="checkbox"/> garbage can</p> <p><input type="checkbox"/> hand washing signs</p>		<p>The sign(s) must be for the handwashing option(s) chosen as well as in the appropriate language.</p>	2																																																																																																								
<p>I3) Packing/Repacking and Product Storage Employee(s) Washroom(s) and Hand washing Facility(ies) :</p> <p>N/A <input type="checkbox"/> (no packinghouse/MRPHB/product storage)</p> <p>N/A <input type="checkbox"/> (Other - please describe:)</p> <hr/> <p>*Note: MRPHB indicates Market Ready Packaging Handling Building - it MUST be separate from ALL other buildings</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%;"></th> <th style="width:10%; text-align: center;">Packinghouse</th> <th style="width:10%; text-align: center;">MRPHB*</th> <th style="width:10%; text-align: center;">Product storage</th> </tr> </thead> <tbody> <tr> <td>a) Washrooms (see Auditor's Key for requirements)</td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Y</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>N</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"># of toilets</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;"># of employees</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">Stocked with toilet paper</td> <td>Y</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>N</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>INC</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">IN</td> <td style="text-align: center;">FOR</td> <td style="text-align: center;">FOR</td> </tr> <tr> <td>b) Properly stocked handwashing facilities (i.e. IN the packinghouse, FOR the product storage, and FOR the MRPHB)</td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Y</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>N</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Choose one of the 3 options below – all items in the option chosen must be present to avoid autofailing</p> <p>These include:</p> <p>Option 1:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding-left: 20px;">potable water</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Packinghouse</td> <td style="width:10%; text-align: center;">MRPHB*</td> <td style="width:10%; text-align: center;">Product storage</td> </tr> <tr> <td style="padding-left: 20px;">soap</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">paper towel</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>OR</p> <p>Option 2:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding-left: 20px;">water</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Packinghouse</td> <td style="width:10%; text-align: center;">MRPHB*</td> <td style="width:10%; text-align: center;">Product storage</td> </tr> <tr> <td style="padding-left: 20px;">paper towel</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 20px;">hand sanitizer</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>OR</p> <p>Option 3:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding-left: 20px;">hand wipes</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Packinghouse</td> <td style="width:10%; text-align: center;">MRPHB*</td> <td style="width:10%; text-align: center;">Product storage</td> </tr> <tr> <td style="padding-left: 20px;">hand sanitizer</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Packinghouse	MRPHB*	Product storage	a) Washrooms (see Auditor's Key for requirements)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of toilets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of employees		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocked with toilet paper	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		INC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			IN	FOR	FOR	b) Properly stocked handwashing facilities (i.e. IN the packinghouse, FOR the product storage, and FOR the MRPHB)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	potable water		Packinghouse	MRPHB*	Product storage	soap		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paper towel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	water		Packinghouse	MRPHB*	Product storage	paper towel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hand sanitizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hand wipes		Packinghouse	MRPHB*	Product storage	hand sanitizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Appropriate # of toilets: refer to commodity-specific requirements. Washrooms must be IN or in the immediate vicinity of the packinghouse/market ready packaging material handling building/product storage.</p> <p>Standalone harvested product storage buildings ONLY - the washroom requirement is the same as for production sites (i.e., on-site, accessible through transportation).</p> <p>Note: Hand washing water stored in permanent tanks (e.g., within portable washrooms or as standalone facilities) is NOT considered potable UNLESS the water potability is confirmed as per procedures in Section 15.</p> <p>NOTE: Processing Potato operations will NOT autofail if they do not have handwashing facilities; instead they will lose points.</p> <p>Note on scoring: The scoring for this question is all or nothing. For example, if there is a properly stocked hand washing facility but no toilet it will be an autofail; part marks should not be given for the hand washing facility. Partially stocked handwashing facilities are also an AUTOFAIL (no part marks). If there is both packing/repacking and product storage it is all or nothing. This means the packing/repacking activities and the product storage need to have ALL of the requirements. No part marks are to be given for just the packing/repacking activities or the product storage(s). If there is only packing/repacking activities or only product storage the total score will still be out of 10. If there is NO toilet paper this is not an autofail, select the N checkbox.</p> <p>Toilet paper is the ONLY method allowed for hygiene. If another method is used this is an autofail.</p> <p>After assessing washrooms, if not all toilets are fully stocked with toilet paper, INC may be checked and part marks may be given (only place where this may occur).</p>	10
		Packinghouse	MRPHB*	Product storage																																																																																																							
a) Washrooms (see Auditor's Key for requirements)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
# of toilets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
# of employees		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
Stocked with toilet paper	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	INC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
		IN	FOR	FOR																																																																																																							
b) Properly stocked handwashing facilities (i.e. IN the packinghouse, FOR the product storage, and FOR the MRPHB)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
potable water		Packinghouse	MRPHB*	Product storage																																																																																																							
soap		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
paper towel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
water		Packinghouse	MRPHB*	Product storage																																																																																																							
paper towel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
hand sanitizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							
hand wipes		Packinghouse	MRPHB*	Product storage																																																																																																							
hand sanitizer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																							

<p>I4) Packing/repacking/product storage handwashing facilities have:</p> <p>N/A <input type="checkbox"/> (no packing/repacking)</p> <p>N/A <input type="checkbox"/> (no product storages)</p> <p><input type="checkbox"/> garbage can</p> <p><input type="checkbox"/> hand washing signs</p>		<p>The sign(s) must be for the handwashing option(s) chosen as well as in the appropriate language.</p>	<p>2</p>
<p>I5) Personal hygiene facilities (washrooms and handwashing facilities) are inspected and maintained when in use and records are available?</p> <p style="text-align: right;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">INC <input type="checkbox"/></p>	<p>J</p>	<p><i>Check for frequency - daily during peak season and weekly while in use. Cleaning company contract and invoice is acceptable. Ask Auditee about inventory of supplies.</i></p>	<p>6</p>
<p>I6) Are there:</p> <p><input type="checkbox"/> waterproof coverings for wounds (e.g., gloves)</p> <p><input type="checkbox"/> fully stocked first aid kits (with bandages)</p> <p><input type="checkbox"/> dedicated lunch/break areas</p> <p><input type="checkbox"/> dedicated areas to store personal effects</p> <p><input type="checkbox"/> employees remove working effects before breaks/entering washrooms</p> <p><input type="checkbox"/> proper storage of working effects</p>		<p><i>Personal effects are away from product and washrooms; lunchrooms are separate from product handling areas; working effects are stored separate from food contact surfaces, break areas or other sources of contamination? Working effects include gloves, aprons, smocks, etc.</i></p>	<p>6</p>
<p>Auditee's Actual Score for Section (Personal Hygiene Facilities):</p>			<p>0.0</p>
<p>Maximum Attainable Score for Section:</p>			<p>36</p>

K. Visitor Policy (refer to Section 13 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
K1) Controlled-access areas are determined within buildings? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>		Designated controlled access for: <input type="checkbox"/> packing/ repacking area <input type="checkbox"/> market ready packaging material storage <input type="checkbox"/> product storages <input type="checkbox"/> other	2
K2) Visitors are informed of and understand visitor policy? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/> Visitor sign-in records are available? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	L	Auditor is informed of visitor policy or policy is visible and auditor is asked to sign in	2
K3) U-pick customers are provided with washrooms, hand washing facility(ies), a hygiene policy and a set of instructions? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>		Customers are instructed (visual, written or verbal) to use washrooms, to use garbages, to wash hands, to harvest into clean containers, etc.	2
Auditee's Actual Score for Section (Visitor Policy):			0.0
Maximum Attainable Score for Section:			6
L. Water (for Fluming and Cleaning) and Ice (refer to Sections 15 and 16 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
L1) Is untreated sewage water used? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>			Total possible score changed from 4 to 2 to ensure a more fair and accurate total scoring.
L2) Written assessment of each water source includes: intended use, method of application, potential hazards, corrective actions (if any)? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	F		2

L3A) Describe how and what ALL water used on product and for handwashing is for (e.g., treated well water for handwashing, municipal water for final rinse of carrots, well water to fill flumes for tomatoes, etc.).

ONLY Municipal water is used? Y N
 Is ANY water treated? Y N
 If yes, how is the water treated and what is the treated water used for?

Is ANY water stored (cistern/tank/container)? Y N
 If yes, what is stored water used for?

of individual equipment (packinglines, tanks, etc.)
 # of individual water sources (e.g., well, municipal, surface, cistern/tank/container, etc.)

Water tests are available showing microbiological quality is appropriate for intended use?	1st Water Test • Prior to initial use • NOT prior to initial use	2nd Water Test (taken anytime during the season)
--	--	---

THE BELOW ARE AUTOFAIL ITEMS IF NO WATER TESTS HAVE BEEN COMPLETED

N/A (only municipal water is used and it is not stored, treated, recycled or used for the final rinse)

Water used to fill/replenish flumes, tanks, hydro-coolers, etc. <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>		

Water used to wash melons <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>		

Water used to wash leafy greens <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>		

Water used to flume/wash/cool/hydro-cool/make slush is kept potable <input type="checkbox"/> N/A	Prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>		

Water tests Letter of assurance

Samples should be taken from the source (e.g., tap, well, cistern, storage container/tank etc.) OR from the equipment (e.g., nozzles, tank, wetting equipment, humidity/misting equipment, etc.). Each equipment (e.g., line, tank, etc.) needs to be tested to be in compliance.

Municipal water ONLY needs to be tested in certain circumstances (e.g., operation is in a country other than Canada or water is used for final rinse, is treated, is stored, is recycled, etc.). Review Section 15.1 to ensure the sample is taken when necessary and from the appropriate location.

Hand washing water stored in permanent tanks (e.g., within portable washrooms or as standalone facilities) is not considered potable UNLESS the water potability is confirmed as per procedures in Section 15.

Potable water is NOT required for handwashing if sanitizer is used.

Water may not be used for small fruit, except for haskaps and cranberries. Cranberries - if proof is shown that a final rinse occurs at processing (i.e., a letter of assurance) full marks are given.

NOTE: The autofail does not apply to potatoes and vegetables for PROCESSING, instead they will lose points. Potatoes for processing need potable water only for handwashing. Cucumbers and peppers sent for pickling are NOT required to have potable water for final rinsing.

Comments:

SCORING: AUTOFAIL ITEMS

Test 1: PRIOR to initial use	Test 1: NOT Prior to initial use	Test 2: anytime during the season	Score
NO	NO	NO	AUTO-FAIL
NO	YES	NO	0
YES	N/A	NO	5
NO	YES	YES	5
YES	N/A	YES	10

The 10 marks for this question are awarded for complete testing of ALL water uses. Therefore, if 4 out of 5 water uses have been tested appropriately, the question will be scored for the one that has not been.

Final Rinse water <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
CRANBERRIES ONLY Final Rinse water after wet harvesting OR Processor provides a final rinse confirmed with a letter of assurance (FOR CRANBERRIES FOR PROCESSING ONLY) <input type="checkbox"/> N/A (no wet harvesting of cranberries)	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water for post-harvest applications of agricultural chemicals is from a potable source <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water used for post-harvest applications of agricultural chemicals is kept potable <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water for wetting packaging accessories and other items <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water for humidity/misting (except for potatoes) <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water for handwashing <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	
Water used for "other materials" <input type="checkbox"/> N/A	Prior to	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	
		N	<input type="checkbox"/>			<input type="checkbox"/>
	NOT prior to	Y	<input type="checkbox"/>		N	<input type="checkbox"/>
		N	<input type="checkbox"/>		<input type="checkbox"/>	

Comments:

<p>L3B) Describe the sources (e.g., well, municipal, surface, cistern/tank/container, etc.) used to clean equipment, containers and buildings (e.g., well #1 to clean potato packingline, well #2 treated to wash building floor, stored municipal water in tank to clean apple containers, etc.):</p>	<p>Water tests</p>	<p><i>NOTE: Cucumbers and peppers sent for pickling are NOT required to have potable water for cleaning of production site equipment.</i></p>	<p>8</p>																																		
<p>THE BELOW IS NOT AN AUTOFAIL ITEM IF NO WATER TESTS HAVE BEEN COMPLETED</p> <p>N/A <input type="checkbox"/> (only municipal water is used and it is not stored, treated or recycled)</p> <table border="1"> <tr> <td rowspan="2">Water for cleaning equipment, containers or buildings</td> <td>Prior to</td> <td>Y <input type="checkbox"/></td> <td rowspan="2">Y <input type="checkbox"/></td> </tr> <tr> <td></td> <td>N <input type="checkbox"/></td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> N/A</td> <td>NOT prior to</td> <td>Y <input type="checkbox"/></td> <td rowspan="2">N <input type="checkbox"/></td> </tr> <tr> <td></td> <td>N <input type="checkbox"/></td> </tr> </table>		Water for cleaning equipment, containers or buildings		Prior to	Y <input type="checkbox"/>	Y <input type="checkbox"/>		N <input type="checkbox"/>	<input type="checkbox"/> N/A	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>		N <input type="checkbox"/>	<p>SCORING: NON-AUTOFAIL ITEM</p> <table border="1"> <thead> <tr> <th>Test 1: PRIOR to initial use</th> <th>Test 1: Not Prior to initial use</th> <th>Test 2: anytime during the season</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>0</td> </tr> <tr> <td>NO</td> <td>YES</td> <td>NO</td> <td>0</td> </tr> <tr> <td>YES</td> <td>N/A</td> <td>NO</td> <td>4</td> </tr> <tr> <td>NO</td> <td>YES</td> <td>YES</td> <td>4</td> </tr> <tr> <td>YES</td> <td>N/A</td> <td>YES</td> <td>8</td> </tr> </tbody> </table> <p><i>The 8 marks for this question are awarded for complete testing of ALL water uses. Therefore, if 4 out of 5 water uses have been tested appropriately, the question will be scored for the one that has not been.</i></p>	Test 1: PRIOR to initial use	Test 1: Not Prior to initial use	Test 2: anytime during the season	Score	NO	NO	NO	0	NO	YES	NO	0	YES	N/A	NO	4	NO	YES	YES	4	YES	N/A
Water for cleaning equipment, containers or buildings	Prior to		Y <input type="checkbox"/>	Y <input type="checkbox"/>																																	
		N <input type="checkbox"/>																																			
<input type="checkbox"/> N/A	NOT prior to	Y <input type="checkbox"/>	N <input type="checkbox"/>																																		
		N <input type="checkbox"/>																																			
Test 1: PRIOR to initial use	Test 1: Not Prior to initial use	Test 2: anytime during the season	Score																																		
NO	NO	NO	0																																		
NO	YES	NO	0																																		
YES	N/A	NO	4																																		
NO	YES	YES	4																																		
YES	N/A	YES	8																																		
<p>L4) CANTALoupES/MUSK MELONS</p> <p>N/A <input type="checkbox"/> (These commodities are not produced or washed/flumed/cooled)</p> <p>Cantaloupes/musk melons that are washed/flumed/cooled, are NOT fully submerged in the water? Y <input type="checkbox"/> N <input type="checkbox"/></p>		<p><i>Measures are taken such as controlling product throughput, minimizing the depth of the water, etc. to prevent full submersion</i></p>	<p>8</p>																																		
<p>L5) Treated water is treated properly and treatment is monitored?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>Instructions/Labels</p>	<p><i>This includes slush/ice slurry.</i></p> <p><i>Look at the instructions/labels for the treatment method and ensure that these are being followed .</i></p>	<p>6</p>																																		
<p>L6) Records are kept of water treatment monitoring?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>N1 Alternative Treatment Methods</p>		<p>6</p>																																		

<p>L7) TOMATOES/APPLES</p> <p>N/A <input type="checkbox"/> (These commodities are not produced or washed)</p> <p>N/A <input type="checkbox"/> (These commodities are washed BUT water is kept potable [see question L3A) for water tests]</p> <p>Water is not kept potable therefore product and water temperature is monitored/controlled? Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>N2</p>	<p>Are control measures in place to ensure that contaminated water is not internalized by tomatoes/apples? If water has been kept potable choose N/A and move to the next question. If water has not been kept potable the water temperature must be kept at least 10 deg F (5.5 deg C) warmer than product (i.e., internal core temperature of product is at least 10 deg F [5.5 deg C] colder than the water). The scoring for this question is all or nothing. Check Form N2 for accuracy and completion.</p>	<p>10</p>
<p>L8) The cistern/tank/container (used to store water):</p> <p>N/A <input type="checkbox"/> (Water is not stored)</p> <p>N/A <input type="checkbox"/> (Water is treated)</p> <p>Is cleaned annually prior to use and monthly during use according to SSOP? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Cleaning is recorded? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Filling procedure is followed (each time it is filled)? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Filling mechanism, employees and outside sources are not a source of contamination? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Part where the water is emptied from (e.g., spigot, tap, opening, etc.) is kept free from contamination? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>I SOP SSOP</p>	<p>Each cistern/tank/container must have its own SSOP for cleaning.</p> <p>For the filling of cisterns/tanks/containers there must be a different SOP for each water source, type of tank/container/cistern or filling mechanism.</p> <p>Note: annual cleaning of the cistern/tank/container must be completed prior to use of the water. The first water test must be taken after this cleaning (see L3A for water tests).</p> <p>Scoring for this question is all or nothing.</p>	<p>10</p>
<p>If ice is not used in the operation, check box and proceed to Section M: <input type="checkbox"/></p>			
<p>L9) Ice is stored in clean, covered, designated containers/areas and in a manner that protects it from contamination?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>			<p>2</p>
<p>L10) Ice is handled to prevent contamination including using clean, designated tools/equipment?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>			<p>2</p>
<p>L11) Ice is not recycled or recovered?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A (Only slush/ice slurry is used) <input type="checkbox"/></p>		<p>Note: This does not include slush/ice slurry. Slush is covered under question L3A) (Water (for fluming and cleaning)).</p>	<p>2</p>

<p>L12) Ice is purchased? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">N/A <input type="checkbox"/></p> <p>A letter of assurance is available (if ice is purchased)? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">N/A <input type="checkbox"/></p> <p>Ice is produced on-site? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">N/A <input type="checkbox"/></p> <p>Ice tests (two per year) are available (if ice is produced on-site)? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">N/A <input type="checkbox"/></p>				<p><i>Check N/A if the audit occurs too early for ice test (e.g., no ice on site because it will not be used for 2 months). Ice sample is taken from the point closest to the product. If ice is purchased, a letter of assurance is required and the scoring is all or nothing.</i></p>																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Ice tests are available showing microbiological quality is appropriate for intended use?</th> <th style="width:15%;">1st Ice Test</th> <th style="width:15%;">2nd Ice Test</th> <th style="width:15%;">Ice tests or Letter of Assurance</th> </tr> <tr> <td></td> <td> <ul style="list-style-type: none"> • Prior to initial use • NOT prior to initial use </td> <td>(taken anytime during the season)</td> <td></td> </tr> <tr> <td rowspan="2">Ice produced on-site</td> <td>Prior to Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2">Y <input type="checkbox"/> N <input type="checkbox"/></td> <td rowspan="2"></td> </tr> <tr> <td>NOT prior to Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> </table>		Ice tests are available showing microbiological quality is appropriate for intended use?	1st Ice Test	2nd Ice Test	Ice tests or Letter of Assurance		<ul style="list-style-type: none"> • Prior to initial use • NOT prior to initial use 	(taken anytime during the season)		Ice produced on-site	Prior to Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		NOT prior to Y <input type="checkbox"/> N <input type="checkbox"/>			<p>SCORING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Test 1: PRIOR to initial use</th> <th>Test 1: NOT Prior to initial use</th> <th>Test 2: anytime during the season</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">AUTO-FAIL</td> </tr> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">4</td> </tr> </tbody> </table> <p><i>The 4 marks for this question are awarded for complete testing of all ice being produced.</i></p>		Test 1: PRIOR to initial use	Test 1: NOT Prior to initial use	Test 2: anytime during the season	Score	NO	NO	NO	AUTO-FAIL	NO	YES	NO	0	YES	N/A	NO	2	NO	YES	YES	2	YES	N/A	YES	4	4
Ice tests are available showing microbiological quality is appropriate for intended use?	1st Ice Test	2nd Ice Test	Ice tests or Letter of Assurance																																								
	<ul style="list-style-type: none"> • Prior to initial use • NOT prior to initial use 	(taken anytime during the season)																																									
Ice produced on-site	Prior to Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>																																									
	NOT prior to Y <input type="checkbox"/> N <input type="checkbox"/>																																										
Test 1: PRIOR to initial use	Test 1: NOT Prior to initial use	Test 2: anytime during the season	Score																																								
NO	NO	NO	AUTO-FAIL																																								
NO	YES	NO	0																																								
YES	N/A	NO	2																																								
NO	YES	YES	2																																								
YES	N/A	YES	4																																								
<p>Auditee's Actual Score for Section (Water (for Fluming and Cleaning) and Ice): 0.0</p> <p>Maximum Attainable Score for Section: 70</p>																																											
<p>M. Pest Program for Buildings (refer to Section 14 in CanadaGAP Manual)</p>		Record	(Auditor's Key) Comments/Observations		Score																																						
Includes Greenhouse Production Sites																																											
If entire section is not applicable to the operation check box and go to next section:																																											
<p>M1) Visual assessment of interior of buildings in use:</p> <p><input type="checkbox"/> N/A (no buildings)</p> <p><input type="checkbox"/> no chewed walls/boxes</p> <p><input type="checkbox"/> no birds nesting</p> <p><input type="checkbox"/> no animals (including pets)/animal tracks and/or pests</p> <p><input type="checkbox"/> no feces</p>				<p><i>Is the pest program effective?</i></p>		8																																					
<p>M2) Type of pest control program:</p> <p><input type="checkbox"/> N/A (no buildings)</p> <p><input type="checkbox"/> third party</p> <p><input type="checkbox"/> self-managed</p> <p><input type="checkbox"/> none</p> <p>Records are kept of control, monitoring and use of pest control devices and products? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: right;">N/A <input type="checkbox"/> INC <input type="checkbox"/></p>		E M		<p><i>Points are only for the records. Forms E and M give information pertaining to how pests are controlled and if monthly monitoring (at a minimum) is occurring.</i></p>		6																																					

<p>M3) Traps are:</p> <p><input type="checkbox"/> N/A (no buildings)</p> <p><input type="checkbox"/> flush against the walls</p> <p><input type="checkbox"/> set on the inside of each entrance, both sides (i.e., 2 traps per doorway)</p> <p><input type="checkbox"/> if baited, rodents cannot escape from interior traps</p>		<p>Are traps effective and appropriate for use?</p>	<p>8</p>
<p>M4) Pest Control Products are stored properly (separate from product/packaging materials; in a clean, covered, dry location; with labels intact and legible, etc.)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> INC <input type="checkbox"/></p>			<p>2</p>
<p style="text-align: right;">Auditee's Actual Score for Section (Pest Program for Buildings):</p>			<p>0.0</p>
<p style="text-align: right;">Maximum Attainable Score for Section:</p>			<p>24</p>
<p>N. Packaging Materials (refer to Section 17 in CanadaGAP Manual)</p>	<p>Record</p>	<p>(Auditor's Key) Comments/Observations</p>	<p>Score</p>
<p>If entire section is not applicable to the operation check box and go to next section: <input type="checkbox"/></p> <p><i>NOTE: This section does not apply to wholesaling operations</i></p>			
<p>N1) Harvested product packaging materials are inspected, cleaned, used and stored appropriately:</p> <p>N/A <input type="checkbox"/> (Auditee does not have harvested product packaging materials)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>INC <input type="checkbox"/></p>	<p>I SSOP Letter of assurance</p>	<p>Harvested product packaging materials are:</p> <p><input type="checkbox"/> cleaned before first use according to a written procedure OR by a third party using a CanadaGAP procedure and a letter of assurance is received</p> <p><input type="checkbox"/> complete and accurate records are kept of cleaning</p> <p><input type="checkbox"/> free of loose objects/debris</p> <p><input type="checkbox"/> not removed from the premises by employees or taken home</p> <p><input type="checkbox"/> inspected before each use</p> <p><input type="checkbox"/> clearly marked if used for other purposes so they are not subsequently used for product</p> <p><input type="checkbox"/> stored separate from sources of contamination and damage</p> <p><input type="checkbox"/> covers/lids are kept dry and handled in a way that prevents contamination (e.g., kept off the ground)</p> <p><input type="checkbox"/> released product is tracked (e.g. through harvest dates, date received, etc.) by the use of pallet/bin tags or some other form of identification</p>	<p>10</p>

<p>N2) Market ready packaging materials and packaging accessories are inspected, cleaned and used appropriately:</p> <p>N/A <input type="checkbox"/> (Auditee does not use market ready packaging materials)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>INC <input type="checkbox"/></p>	<p>I Q SSOP Letter of assurance</p>	<p><i>Market ready packaging materials are:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> primary materials are new, OR reusable materials are cleaned according to a written procedure/cleaned by a third party and a letter of assurance is received, OR a new impermeable liner is used <input type="checkbox"/> reused without a liner for pumpkins, squash, sweet corn and smooth-skinned melons <input type="checkbox"/> packaging materials with a minimum of two 3.0 mm (approximately 1/8 inch) holes for REPACKING of MUSHROOMS <input type="checkbox"/> clearly marked if used for other purposes so they are not subsequently used for product <input type="checkbox"/> clean and free of debris <input type="checkbox"/> handled in a way that maintains their integrity and that prevents cross-contamination before and during use <input type="checkbox"/> kept off the ground <input type="checkbox"/> packaging accessories (including liners) are new <input type="checkbox"/> reused materials are in good repair <input type="checkbox"/> complete and accurate records are kept of inspection of market ready primary packaging materials 	<p>6</p>
<p>N3) Market ready packaging materials and packaging accessories are labelled correctly?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>		<p><i>Market ready packaging materials are labelled with correct identifying information AND Pack ID AND Lot Code. Transparent secondary packaging does not need to be labelled if you can see the primary packaging material. This question is scored as 8 if fully compliant or 0 if anything is missing.</i></p> <p><i>Pack ID must be on secondary packaging. For product with no secondary packaging, Pack ID must be on primary packaging. If no primary or secondary packaging, Pack ID must be on the pallet/skid.</i></p> <p><i>Refer to Section 17 for the requirements regarding Lot Code on packaging materials and packaging accessories. Including Pack ID on the packaging materials can also satisfy the Lot Code requirements.</i></p> <p><i>If someone else (another operation) is labelling the market product then pallet/bin tags or some other form of identification is required to keep track of the market product.</i></p> <p>NOTE: Refer to Section 22: Identification and Traceability for more information on labelling requirements</p>	<p>8</p>

<p>N4) Market ready primary and secondary packaging materials and packaging accessories are stored:</p> <p>N/A <input type="checkbox"/> (Auditee does not use market ready packaging materials)</p> <p><input type="checkbox"/> in a clean, covered, dry location</p> <p><input type="checkbox"/> off the ground</p> <p><input type="checkbox"/> at least 8 cm away from the wall</p> <p><input type="checkbox"/> separate from sources of contamination and damage</p>			6
<p>Auditee's Actual Score for Section (Packaging Materials):</p> <p>Maximum Attainable Score for Section:</p>			<p>0.0</p> <p>30</p>
<p>O. Growing and Harvesting (refer to Section 18 in CanadaGAP Manual)</p>	<p>Record</p>	<p>(Auditor's Key) Comments/Observations</p>	<p>Score</p>
<p>If entire section is not applicable to the operation check box and go to next section:</p>			
<p>O1) Agricultural chemical PHI's are checked before harvest and this is recorded?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>P/P1/P2 Q</p>	<p><i>Look at Form H1 to see when agricultural chemicals were applied and the PHI. Cross check this with Forms P/P1/P2/Q to ensure that the PHI had elapsed before harvest began. A checkmark (or some sort of identifier) must be recorded to show that PHI was checked before harvest. The scoring for this question is all or nothing. Each PHI needs to have elapsed before harvest and this needs to be recorded somehow. Since completion of Form H1 was already checked in Section E; do not deduct more points for that here.</i></p>	10
<p>O2) Before harvest the production site is surveyed for sources of contamination?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>P/P1/P2 Q</p>	<p><i>Sources of contamination include oil or chemical spills, portable toilets leaking, flooding, animal intrusion, toxic weeds/trap crops, etc. Check that the survey of the production site is recorded on the appropriate forms.</i></p>	4
<p>O3) When harvesting, packaging materials are not a source of contamination?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>		<p><i>FOR Combined Vegetable, Leafy Vegetables and Cruciferae, Small Fruit and Tree and Vine Fruit ONLY - looking for muddy containers NOT to be stacked on top of each other, etc.</i></p>	2
<p>O4) A visual inspection of product is conducted before and during harvest for any sources of contamination?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>		<p><i>FOR Combined vegetables, Leafy Vegetables and Cruciferae, Small Fruit and Tree and Vine Fruit ONLY - looking for evidence of unusual animal or bird activity (i.e., excrement) and other possible contaminants (e.g., biological controls, etc.).</i></p>	2

O5) Product that has fallen/touched the ground is not harvested? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		FOR Small Fruit (except for cranberries) and Tree and Vine Fruit ONLY	4
GREENHOUSE PRODUCT			
O6) At harvest employees visually inspect product and surrounding area for glass, and complete, accurate records are kept? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	Q R		2
GREENHOUSE PRODUCT			
O7) During harvest the product is protected from contamination [e.g., water dripping when harvesting or transferring product (e.g., trays, rafts, roots)]. Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			2
Auditee's Actual Score for Section (Growing and Harvesting):			0.0
Maximum Attainable Score for Section:			26
P. Sorting, Grading, Packing, Repacking, Storing and Brokerage (refer to Section 19 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
P1) <input type="checkbox"/> Product is not sourced from other operations If product is sourced, choose one of the two options below: FOR ALL COMMODITIES EXCEPT FOR CUCUMBERS AND PEPPERS SENT FOR PICKLING AND REPACKING, WHOLESALING AND BROKERAGE OF FIDDLEHEADS When selecting/purchasing harvested/market product from another source, product is from CanadaGAP-certified operations or from operations that have successfully completed another industry recognized third party food safety audit/certification? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>	Current/ Valid Certificate	If ANY certificate is missing the most the operation can score is 5/20. For brokerage operations, if any certificates are missing, scoring is not automatically 5/20. Points can be assigned between 1 and 19.	
All changes to P1 made to align with the changes made to the food safety manuals as part of the 2022 Correction Notice.			
FOR CUCUMBERS AND PEPPERS SENT FOR PICKLING AND REPACKING, WHOLESALING AND BROKERAGE OF FIDDLEHEADS When selecting/purchasing harvested/market product from another source, product is from operations-supplier with a credible food safety program? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Credible written evidence	For cucumbers and peppers sent for pickling and repacking, wholesaling and brokerage of fiddleheads ONLY: Scoring for this question is all or nothing. Examples of credible written evidence may be second party food safety audit reports, copies of internal audits, etc.	20

<p>P2) When selecting/purchasing services from an outside service provider to perform activities on behalf of the operation (e.g., harvesting, packing, icing, washing, storing in a standalone storage operation), services are from CanadaGAP-certified providers or from providers that have successfully completed another industry recognized third party food safety audit/certification?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>Current/ Valid Certificate</p>	<p>If ANY certificate is missing the most the operation can score is 5/10.</p> <p><input type="checkbox"/> <i>If the auditee does not have a valid food safety certificate/third party audit report from an outside service provider performing an activity, then the CB must be informed, and that activity will be excluded from the certificate.</i></p>	<p>10</p>
<p>P3) Sorting and/or grading is done to remove foreign objects, damaged or rotten product, crop debris?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>			<p>2</p>
<p>P4) Wax is used with knowledge of origin, applied according to label instructions, and complete, accurate application records are kept?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>Q Letter of No- Objection or of Assurance</p>		<p>2</p>
<p>P5) "Other materials" are used with knowledge of origin, applied according to label instructions, stored appropriately and a complete list is recorded?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>List (in Section 19.4/19.5 of the manual)</p>	<p><i>See glossary definition</i></p>	<p>2</p>
<p>P6) Environmental Monitoring Program (EMP)</p> <p>N/A <input type="checkbox"/> (no market product) N/A <input type="checkbox"/> (Option A1/A2)</p> <p>An annual risk assessment was conducted and identified risks were mitigated? (2 points)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p> <p>If needed, a sampling plan was developed and further action was taken (if required)? (2 points)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p> <p>The EMP is maintained on an on-going basis? (1 point)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p>		<p>ONLY for operations that handle/store market product</p>	<p>5</p>
<p>P7) A procedure for the approval of suppliers is established, implemented and maintained (including procurement in emergency situations)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (no inputs/materials) N/A <input type="checkbox"/> (Option A1/A2)</p>	<p>List(s) (in Section 19.7/19.6 of the manual)</p>	<p><i>Review the list(s) and cross-reference inputs/materials with these lists.</i></p>	<p>2</p>
<p>Auditee's Actual Score for Section (Sorting, Grading, Packing, Repacking, Storing and Brokerage):</p>			<p>0.0</p>
<p>Maximum Attainable Score for Section:</p>			<p>43</p>

Q. Storage of Product (refer to Section 20 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
Q1) All product is held/stored in a manner that prevents contamination of product? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/>		Is harvested product held/stored separate from market product? Is all product (including seed potatoes) held/stored separate from fuels, chemicals, market ready packaging materials, etc.? Is product in an environment where contamination can not occur (clean/well-maintained area)? Is product held/stored in a manner that prevents cross-contamination from non-produce items?	8
Auditee's Actual Score for Section (Storage of Product):			0.0
Maximum Attainable Score for Section:			8
R. Transportation (refer to Section 21 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
If entire section is not applicable to the operation check box and go to next section:			
R1) Harvested product is loaded into appropriate, clean, inspected vehicles? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> (No harvested product) N/A <input type="checkbox"/> (Unable to observe vehicles)		Vehicles include both personal and private carriers. Transportation does not contribute to the contamination of product? If vehicles are not present and observation can not occur, this question is N/A as verbal confirmation may not be relied upon.	2
R2) Market product is loaded into clean, inspected vehicles? (2 points) Y <input type="checkbox"/> N <input type="checkbox"/> Market product is covered during transportation? (2 points) Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> (No market product) N/A <input type="checkbox"/> (Unable to observe vehicles)		Vehicles include both personal and private carriers. Transportation does not contribute to the contamination of product? If vehicles are not present and observation can not occur, this question is N/A as verbal confirmation may not be relied upon.	4
R3) Records are kept of vehicle inspection and product information for product being transported to someone else's premises? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> (Product not being transported to someone else's premises)	O		4
Auditee's Actual Score for Section (Transportation):			0.0
Maximum Attainable Score for Section:			10

S. Identification and Traceability (refer to Section 22 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
<p>S1) Traceability can be established through the records?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>INC <input type="checkbox"/></p>	<p>P/P1/P2 Q Written Confirmation</p>	<p><i>Can product be traced one step up and one step down? Use Forms H1/H2/O to ensure that a link can be made to Forms P/P1/P2 and Q (e.g., the same information should be followed through). Ensure Forms P/P1/P2 and Q are complete. From all of the records the product and what happened to it (e.g., agronomic inputs, harvesting, packing, repacking, storing, etc.) should be traceable. Completion of Forms H1/H2/O was already checked in previous sections of the audit; do not deduct more points here. Incoming/outgoing product information must be recorded.</i></p> <p><i>If someone else (another operation) is labelling market product look for written confirmation from the operation completing the labelling that market product is labelled immediately upon receipt and in accordance with labelling requirements for market product in Section N.</i></p>	<p>10</p>
Auditee's Actual Score for Section (Identification and Traceability):			0.0
Maximum Attainable Score for Section:			10
T. Deviations and Crisis Management (refer to Section 23 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations	Score
<p>T1) Records are kept of major deviations and complaints?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>INC <input type="checkbox"/></p>	<p>R</p>		<p>2</p>
<p>T2) Food defense risks are addressed and a system is in place to reduce or eliminate the identified risks?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>INC <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (Option A1/A2)</p>	<p>T</p>	<p><i>Potential threats to food security must be identified and assessed in all areas of the operation. Form T must be completed.</i></p>	<p>2</p>

<p>T3) An allergen program is in place to ensure that cross contamination does not occur? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p> <p>If undeclared allergens are handled, equipment is cleaned before use on market product, and if necessary, precautionary labeling is used. Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (Option A1/A2)</p>	S	<p><i>Form S must be completed. Sulphites are not used on market product (EXCEPT table grapes)</i></p>	4
<p>T4) An up to date recall program is in place? (4 points) Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p> <p>A mock recall is performed annually (current season's product)? (6 points) Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	<p>Contact lists</p> <p>Recall and Mock Recall Documentation</p>	<p><i>List of all product suppliers and customers with contact information; recall team; Appendix S: Recall Program or other relevant documents; Appendix R: How to Conduct a Mock Recall - An Example.</i></p>	10
<p>T5) Food fraud vulnerabilities have been assessed and mitigation measures implemented (if applicable)? Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (Option A1/A2)</p>	U	<p><i>Form U must be completed.</i></p>	2
<p>T6) Food safety culture is created, assessed, implemented, maintained and reviewed annually? Y <input type="checkbox"/> N <input type="checkbox"/> INC <input type="checkbox"/></p> <p>N/A <input type="checkbox"/> (Option A1/A2)</p>			2
<p style="text-align: right;">Auditee's Actual Score for Section (Deviations and Crisis Management): 0.0</p> <p style="text-align: right;">Maximum Attainable Score for Section: 22</p>			
<p>FOR REPACKING AND WHOLESALING OPERATIONS ONLY</p>			
<p>U. Site-specific HACCP Plan (refer to Section 24.1 in CanadaGAP Manual)</p>	Record	<p>(Auditor's Key) Comments/Observations</p>	Score
<p>If entire section is not applicable to the operation check box:</p>			
<p>U1) A site-specific HACCP plan has been documented and implemented. Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> INC <input type="checkbox"/></p>	HACCP Plan	<p><i>The site-specific HACCP Plan is complete. All Forms have been filled in properly. All hazards have been assessed and carried through the Forms appropriately. Assign the 20 marks according to how complete and correct the HACCP Plan is (e.g., 25% of the marks if 25% of the hazards have been addressed, etc.). Auditor should collect a copy of the operation's Form 1 for their records.</i></p>	20

U2) The site-specific HACCP plan is reviewed and updated annually.	Y <input type="checkbox"/> N/A <input type="checkbox"/>	N <input type="checkbox"/>	HACCP Plan		2
				Auditee's Actual Score for Section (HACCP Plan):	0.0
				Maximum Attainable Score for Section:	22
A. Food Safety Program Maintenance and Review (continued) (refer to Section 24 in CanadaGAP Manual)	Record	(Auditor's Key) Comments/Observations		Score	
A4) Has the food safety program been maintained on an ongoing basis? Y <input type="checkbox"/> N/A <input type="checkbox"/>	N <input type="checkbox"/> INC <input type="checkbox"/>	Review the manual, forms and documentation to ensure that the program has been maintained since the last audit. Partial points may be given. N/A option only applies to operations during their first audit. If the program has not been maintained an automatic re-audit is required. Additional guidance added for a case where question A5 would be N/A.		6	
Re-audit later in the season (see auditor's key)	Y <input type="checkbox"/>	Auditee will have reviewed previous audit findings for non-compliant items (if applicable) and will present evidence that these have been improved upon. Partial points may be given. N/A option applies only if this is the first audit for this operation OR if the operation scored 100% (without using a corrective action plan) .		2	
Auditee's Actual Score for Section (Food Safety Program Maintenance and Review: Questions 4-5):				0.0	
				Maximum Attainable Score for Section:	8

Additional Comments:

Remote auditing methods have been used

If the above box has been checked off, please complete the table below:

Timeframe	Documents/information received	Remote method used	Was the remote method effective and efficient in maintaining the integrity of the audit?
Before on-site visit:		<input type="checkbox"/> Email <input type="checkbox"/> Upload to remote platform: _____ <input type="checkbox"/> Fax <input type="checkbox"/> Virtual meeting app: _____ <input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO Notes: _____ _____
End of on-site visit (before leaving the operation):	<input type="checkbox"/> Photocopied records: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Handed to auditor at end of on-site visit <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Notes: _____
After on-site visit:		<input type="checkbox"/> Email <input type="checkbox"/> Upload to remote platform: _____ <input type="checkbox"/> Fax <input type="checkbox"/> Virtual meeting app: _____ <input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO Notes: _____ _____
Follow up (if necessary):		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Upload to remote platform: _____ <input type="checkbox"/> Fax <input type="checkbox"/> Courier/mail <input type="checkbox"/> Virtual meeting app: _____ <input type="checkbox"/> Follow-up visit (on site) <input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO Notes: _____ _____

If follow-up was required, explain why:

Executive Summary

Auditee's Name: _____

Which commodities and activities (e.g., harvesting of peaches, packing of tomatoes, etc.) were observed during the audit? _____

Food safety manuals used: Greenhouse Product Fruits and Vegetables
 Other food safety manual: _____

A) General Notes/Observations:

B) List things the auditee has implemented well:

C) Summary of Audit Findings:

<u>Autofails:</u>	<u>Target Timeframe for Completion:</u>
<input type="checkbox"/> Triggered audit at Question A4	IMMEDIATE
<u>Other findings (Below is a summary ONLY and may not be an inclusive list. Refer to the full audit report once you receive it, to review all items where points were deducted.)</u>	<u>Approximate Timeframe for Completion:</u>
QUESTION <input type="checkbox"/> P2	

Document issued following a PARTIAL AUDIT

Auditor has reviewed the executive summary with the auditee:

_____ Yes

Signature of Auditor: _____

Signature of Auditee: _____

Date signed: _____

Auditor has left a copy of this page with the auditee:
 [if no, record date and action (e.g., faxed/emailed)]

Y N