CANADAGAP®
Food Safety for Fresh Fruits and Vegetables

PROGRAM PARTICIPANT SURVEY 2025

CanadaGAP would like to hear from you. *Note: your answers will be treated confidentially. They will NOT be shared with your Certification Body or auditor and will have no impact on auditor assignment, scheduling, audit results, etc.*

1. Were you satisfied with your auditor during your most recent CanadaGAP audit?

   ☐ Yes ☐ No

   a. Why/ why not: _____
   _____
   _____
   _____

   b. Name the auditor if you wish: _____

2. Are you satisfied with the service provided by your Certification Body (auditing company)?

   ☐ Yes ☐ No

   a. Why/ why not: _____
   _____
   _____
   _____

   b. Please indicate your service provider:
   - ☐ BNQ
   - ☐ Control Union
   - ☐ Gestion Qualiterra
   - ☐ MSVS
   - ☐ NSF Canada Ag
   - ☐ TSLC

3. Please provide any further comments you would like to share:
   _____
   _____
   _____
   _____

   ☐ I would like to be contacted by CanadaGAP for an interview on this subject.

4. Please identify yourself – *your privacy will be maintained:*

Your name: _____
Your operation: _____

Thank you for taking the time to share your experience with us! *Please return your survey to:*
CanadaGAP Program, 245 Menten Place, Suite 312, Ottawa Ontario, K2H 9E8
Fax: 613-829-9379 or email info@canadagap.ca