

This is a Grower Self Test for a GAP audit (General Questions P1, P2, G1 to G15)

This is a grower self test for USDA GAP (Good Agricultural Practices) General Questions. All the questions are answered yes, no, or N/A for not applicable – there are no other options and there is no partial credit. For example, if there are 4 bathrooms and only 3 have proper signs in them, 0 points are given for question G-5. If all four have proper signs in them, 10 points are given for question G-5. If you can answer and document the questions as answered here, full points should be awarded. Full points are given for a Yes answer, 0 points are given for No answer and N/A answer do not count for or against the total.

A passing score is 80 percent of the possible points. Possible points are the remainder when N/A points subtracted from the total points.

Bear in mind that there are conditions under which an automatic “Unsatisfactory” (Failure) will be assessed:

An immediate food safety risk is present when produce is grown, processed, packed or held under conditions that promote or cause the produce to become contaminated.

The presence or evidence of rodents, an excessive amount of insects or other pests in the produce during packing, processing or storage.

Observation of employee practices (personal or hygienic) that have jeopardized or may jeopardize the safety of the produce.

Falsification of records.

Answering of Questions P-1 or P-2 as “NO.”

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General Questions (P1, P2, G-1 to G-15, 180 possible points)

P-1. A documented food safety program that incorporates GAP and/or GHP has been implemented.

I have a food safety and security program which incorporates GAP and has been accepted and adopted by this farming operation. **DOCUMENTATION**

REQUIRED

Y/N 15/0

P-2. The operation has designated someone to implement and oversee an established food safety program.

I have a designated coordinator for implementation and oversight of the food safety and security program. **DOCUMENTATION REQUIRED**

Y/N 15/0

G-1. A documented traceability program has been established.

I have a documented traceability program. **DOCUMENTATION REQUIRED**

Y/N 15/0

G-2. The operation has performed a “mock recall” that was proven effective.

I performed a “mock recall” it was proven effective. **RECORDS REQUIRED**

Y/N 10/0

G-3. Potable water is available to all workers.

I have well test documentation for all wells indicating the water is potable.

RECORDS REQUIRED

Y/N 10/0

G-4. All employees and all visitors to the location are required to follow proper sanitation and hygiene practices.

I have signs posted stating that employees and all visitors are required to follow proper sanitation and hygiene practices. **POLICY REQUIRED**

Y/N 10/0

G-5. Training on proper sanitation and hygiene practices is provided to all staff.

I have documentation indicating training on sanitation and hygiene practices has been provided. **DOCUMENTATION REQUIRED**

Y/N 15/0

G-6. Employees and visitors are following good hygiene/sanitation practices.

Are employees and visitors actually following good hygiene/sanitation practices?

Y/N 15/0

G-7. Employees who handle or package produce are washing their hands before beginning or returning to work.

Employees are washing their hands before beginning or returning to work.

Y/ Not Applicable 15/0

G-8. Readily understandable signs are posted to instruct employees to wash their hands before beginning or returning to work.

I have signs instructing employees to wash their hands before beginning or returning to work in all bathrooms.

Y/N 10/0

G-9. All toilet/restroom facilities are clean and properly supplied with single use towels, toilet paper, and hand soap or anti-bacterial soap and potable water for hand washing.

The facility is in good repair, sanitary, with proper signage and water.

Y/N 15/0

G-10. All toilet/restroom/field sanitation facilities are serviced and cleaned on a scheduled basis.

This is being done. **RECORDS REQUIRED**

Y/N 10/0

G-11. Smoking and eating are confined to designated areas separate from where product is handled.

I have a written policy that states no eating or chewing food, no chewing gum, no using tobacco, and no drinking beverages can be done in the areas where produce is handled. I have a designated area separate from where product is handled for these activities.

POLICY REQUIRED

Y/N 10/0

G-12. Workers with diarrheal disease or symptoms of other infectious disease are prohibited from handling fresh produce.

I have a written policy that excludes workers from operations if, by observation, have diarrhea, an illness or open lesion (boil, sore, infected wound) from coming in contact with produce. The policy also states that personnel will report such health conditions to their supervisors. **POLICY REQUIRED**

Y/N 15/0

G-13. There is a policy describing procedures which specify handling/disposition of produce or food contact surfaces that have come into contact with blood or other body fluids.

I have a written policy that describes procedures which specify handling/disposition of produce or food contact surfaces that have come into contact with blood or other body fluids. **POLICY REQUIRED**

Y/N 15/0

G-14. Workers are instructed to seek prompt treatment with clean first aid supplies for cuts, abrasions and other injuries.

I have a written policy that describes procedures which specify if workers are injured on the job, they must seek first aid help. The policy also states that personnel will report such health conditions to their supervisors. **POLICY REQUIRED**

Y/N 5/0

G-15. Company personnel or contracted personnel that apply regulated pre-harvest and/or post harvest application materials are licensed. Company personnel or contracted personnel applying non-regulated materials have been trained on its proper use,

Pesticides, growth regulators and fertilizers are applied by licensed operators and are compliant under WPS. **RECORDS REQUIRED**

Y/N 10/0

Total points earned for General Questions: _____

Total possible 180
Subtract N/A ____
Adjusted Total ____
X .8 (80%)
Passing Score ____

(please circle one)

Pass / Fail