| QCS AQUAPONICS GAPs foOd safety APPLICATIOngrowing and harvesting |
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| Applicant Information |
| Organization Name:       |
| Legal registered address of the Organization:       |
| Legal Registration Number (e.g. Tax or EIN):       |
| Total number of production sites within the organization :       |
| Site specific name(s):       |
| Primary Authorized Representative:       |
| Position in the Organization:       |
| QCS Client Num. (if any):       | Total acres:       |
| Mailing Address:       |
| Physical Address:       |
| Phone:       | Fax:       |
| E-Mail:       | Web:       |
| Crops Grown:       | Harvesting Periods for each:       |
| Fish/Shellfish Grown:       | Harvesting Periods for each:       |
| Directions to site from nearest town:       |
| Date application submitted:       | Authorized signature:       |
| type of audit required |
| Pre-Audit: [ ]  | Initial with QCS: [ ]  | Renewal with QCS: [ ]  |
| Applicant suggested date for the audit:       |
| General Information: do not submiT the application for an audit until you can tick yes as your answers |
| Do you have a written Food Safety Policy for your operation (requirement ID# 1.1.3)?: [ ]  Yes |
| Have you conducted the Self-Audit (requirement ID# 1.1.4)?: [ ]  Yes |
| Do you have at least 60 days of records complying with the standard available for an audit?: [ ]  Yes |

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| Water Use |
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| Use | Water SourceM=Municipal, W=Well, S=Surface Water | Frequency of Water TestingA=Annual, Q=Quarterly, M=Monthly | Date of Last Water Test | Generic E-Coli Count from Last Test |
| Aquaponic System (Product Contact) |       |       |       |       |
| Equipment Cleaning |       |       |       |       |
| Container Cleaning |       |       |       |       |
| Hand Washing/Drinking Water |       |       |       |       |

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| Applicant request |
| Indicate the name and contact (if available) of buyer(s) (e.g. Publix) you would like QCS to provide a copy of your certificate:      |
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| RESERVED FOR QCS USE (Administrative Notes) |

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| application checklist |
| 1. **Be sure to Sign and Date the fully completed application.**

For information or questions, please contact QCS.Quality Certification ServicesPO Box 12311, Gainesville FL 32604Ph: 352-377-0133 \*\* Fax: (352) 377-8363WEB: [www.qcsinfo.org](http://www.qcsinfo.org)RESERVED FOR QCS USEApplication checked for completeness by:       |